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A Journal for Nurses

SEPTEMBER 1944

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BN

— a Journal for Nurses

Debits and Credits.....	7
Science Shorts.....	19
With the A.N.C. in Italy.....	28
<i>Dorothy Sutherland</i>	
Thanksgiver (Poem).....	30
<i>Anna Reseburg, R.N.</i>	
Nutrition for Nurses.....	31
<i>Alice H. Smith, M.S.</i>	
Check Your Child.....	32
<i>Virginia Calohan</i>	
Women Who Nurse:	
<i>Wilma Leona Jackson, A.N.C.</i>	35
England's Transit Hospitals.....	37
<i>Lena Chivers</i>	
The Long Road Shortened.....	38
<i>Eugenia Bedell</i>	
Virus Diseases of Childhood.....	40
<i>Carolyn Valentine, B.S.</i>	
Army Nurse (Poem).....	42
<i>Virginia B. Hughes, A.N.C. (Ret'd)</i>	
News of the Month.....	43
Hunter's Point Health Center.....	44
<i>Elsa Gidlow</i>	
Legal Assistance for the Army Nurse...	46
<i>Lt. Col. A. A. Melniker, J.A.G.D.</i>	
Positions Available.....	85

*On the Cover: Elizabeth Andrews, R.N.
Chief Nurse, Ford Instrument Co., Inc.*

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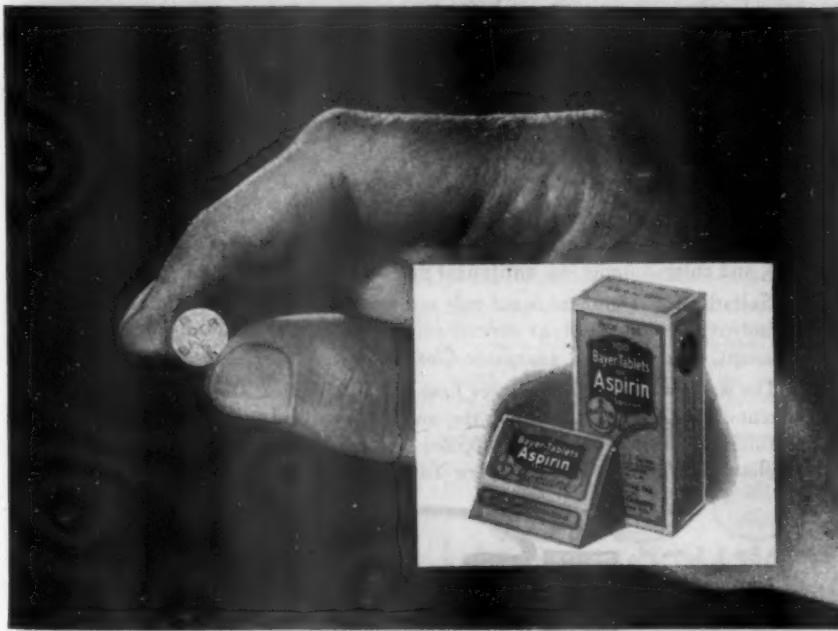
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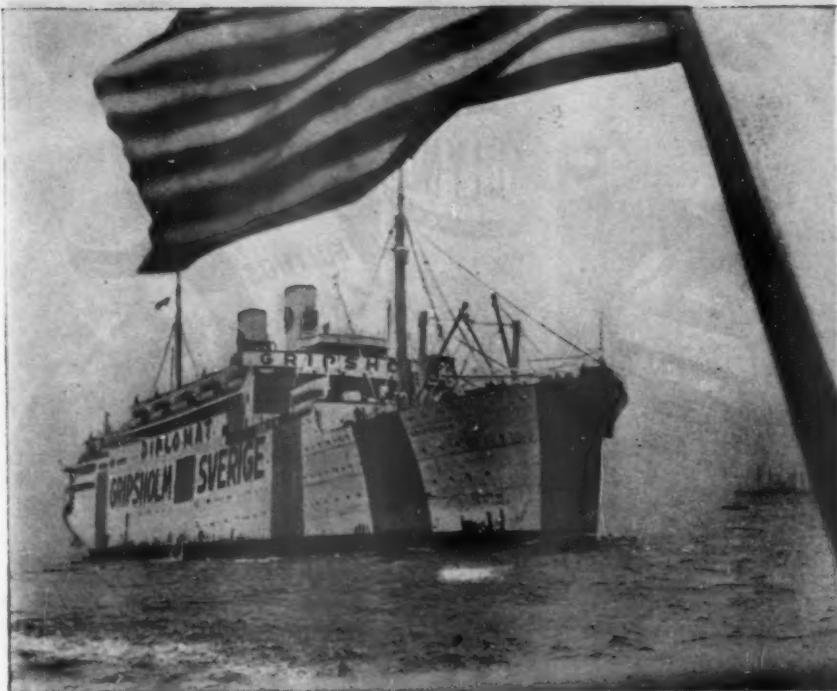
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6

R.N.

Debits and Credits

UNCONVINCED

Dear Editor:

For some time I've been reading the discussion on relative rank for nurses. Aside from allowance for dependents there is no other benefit, is there? I'm sure there are very few nurses—2nd. Lts. in the Army—who could make more in civilian life, and as for quoting the rank allowance etc. of WACS, WAVES and other branches of the service, we never in civilian life tried to copy or compete with college girls, teachers or stenographers.

Frankly, I'm opposed to all rank for any branch of the medical corps. It is too often a weapon and not a reward, causing a great deal of jealousy and bitter tears. I think we would be far happier and just as effective in the Army Medical Corps and the Army Nursing Corps, and a great deal richer, if we retain our professional pride even though our saving may not be quite so great.

Thanks again for your magazine. We look forward to each new issue.

R.N., European Theatre

[Most nurses will agree that holding actual rank in the Armed Services is a responsibility rather than a reward. R.N.'s are not in competition with the WACS and WAVES but, rather, members of the same team, each doing their specialized job to the best of their ability.—THE EDITORS.]

A SUGGESTION

Dear Editor:

I found the item on the Midwifery Service in England most interesting as I took my training over there and was a midwife myself for a short time before coming to this country. I think that the present fuss over shortage of hospital beds and doctor's services could be alleviated if multipara who have had one or more normal deliveries would have their babies in their own homes with the services of a well trained and state supervised

midwife; this has been done in England for many years and the maternal and infant mortality rate compares very favorably with that of any other country.

ETHEL WRAY, R.N.
Los Angeles, California

REAL PROBLEM

Dear Editor:

After reading through the May *R.N.* from cover to cover I have decided that this is a good place to present my problem along with the rest. Of all the different types of nurses who have written, I have never seen a letter from a partially disabled one.

After having spent six years doing private and general duty, and assistant supervisorship on nights in the midwest, I find myself unable to do any of these now, at a time when nurses are most needed. After a number of minor illnesses during all this time, I have finally developed a spinal arthritis which, it seems, automatically retires me from nursing. I have been fitted with a brace which prevents deformity, but does not control the pain.

My problem is this: Is there not some branch of nursing in which I could be of service under these conditions? I would surely appreciate any ideas or suggestions you nurses might have. After many years of active nursing, this enforced idleness is a real trial.

I look forward each month to the coming of the *R.N.* to keep me posted on the latest news in the nursing world. My hat is off to *R.N.*—it is brief, concise and to the point.

M.R.H., R.N.
Carleton, Neb.

FRENCH PERMANENTS

Dear Editor:

Yes, here in New Caledonia we still travel to Noumea by jeep or whatever type of conveyance we can find. Some of the girls have obtained wild-looking French

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permanents with great mental strain! It seems the French way of doing hair is not like ours. To be truthful, though, I have seen a few that looked fairly well but the first general effect is extremely frizzy. We also go to Noumea Saturday nights and Sunday afternoons for dancing. Except for hunting for souvenirs, we've given up doing much shopping as the French shopkeepers charge exorbitant prices. There are several groups on the island and there is plenty of social activity for everyone.

We recently moved into our new quarters and they are really grand; particularly in comparison with what we first had. We live two to a room which is about eight by sixteen feet so there isn't too much space. However, I have a double-decker which seems to work out pretty well as it saves the space of one bed. We've had a wild time furnishing the rooms as we're supplied with nothing beyond Australian cots. What with getting someone here and there to donate this and that, searching madly for spare lumber with which to make desks, tables, shelves, etc., we're really pretty comfortable. At the present moment, my roommate and I are toying with the wild idea of painting our walls blue, the floor red, the furniture blue, having red drapes and so on. All in all, perhaps we've gone paint crazy—but at least it's something to do! I don't know what the effect of all that on our eyes would be—but it would be something different to come home to.

No, no one need feel sorry for us. We've got a good set-up now and our boys are getting good care. Of course, we have our problems—anyone would, but I think we'll make out.

PHYLLIS ADAMS, 2nd Lt., A.N.C.
South Pacific.

SOLUTION

Dear Editor:

When reading the May issue of *R.N.* the letter from a New Brunswick nurse who was declined for Red Cross membership because of lack of complete high school preparation came to my attention. I thought you might be interested in relating to nurses the fact that many nurses in New Jersey have made up high school

R N

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NO REASON WHY

Dear Editor:

There seems to be a great deal of nonsense in the discussion whether nurses are professional or domestic. Who cares? Nurses are workers, and as such are worthy of their hire. They are employees and should have decent working conditions.

Industry has spent thousands of dollars on experiments to learn how an employee produces the best and most work. It has been proved beyond doubt that reasonable hours, good food and comfortable working conditions make for more efficient output and cut absenteeism. Yet hospitals which should be institutions for the preservation and building of health, usually ignore these proven facts. One could hardly find a factory in which there is so little regard for the worker as is common practice in the average hospital.

True, nurses handle the sick and maimed; nursing is humanitarian work; for that very reason nurses do many things not required of any other workers, but there is no reason why they should do them for less money and more hours.

HELEN T. SCOTT, R.N.
Chicago, Illinois

NO PROFITS IN SERVICE

Dear Editor:

Where are all the thousands of Veterans' Administration Nurses and why can't we get together and do something about ourselves? All members of the Armed Forces get so many benefits and what are we getting out of the war? Hard work, and so many are getting sick and are compelled to retire. Yes, we get a re-

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tirement, but oh, such a small check. After working for years and years—when we get sick we are unable to get anything but an emergency treatment and often times, we don't even get that.

Can't we all do a little bit of fighting and see what we can do about the situation? I heard that the Army would take over nurses, like they did the doctors, but so far we are still Veterans' Administration Nurses. The Army offers insurance privileges and money allowance for subsistence, rental of quarters and travel equal to that of a commissioned officer. What does the Veterans' Administration offer? A retirement fund of 5% is taken out of our salary; no insurance benefits are allowed—no hospital treatment.

Still, the War Manpower Commission has made a rule that we have to be completely separated from the Veterans' Administration and then wait sixty days before we can join the Army. There are lots of nurses who would be nursing in the Veterans' Administration right now, if only they had some kind of a social security to back them up.

Has anyone a suggestion to make, and if we can do something, let's do it now.

R.N., Atlanta, Georgia

[Representative Edith Nourse has introduced a bill in Congress to give permanent status to Veterans' Administration nurses. Under the bill, the Veterans' nurse would have the same pay, allowance and benefits as an Army nurse of equal rank.—THE EDITORS.]

WONDERFUL

Dear Editor:

Know R.N.'s are busy, but was vastly amused with a letter from an R.N. in the Hawaiian Islands in which she told of studying Military Law and of having a course of six lessons in hula dancing—as part of her duties! Wonderful that there is time for such things. And, of course, the shortage of nurses can't be as great as it is said. Of course, we old nurses try to help as much as our failing health and looks will permit. I feel sure the men in the Services will react more quickly and more easily to the youth and beauty before them when

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they arrive in the hospitals, but it is surprising how much real work some of us can do and how much we have remembered even though we are long past the youth with which we graduated. Strange how many top-ranking men of the Services will never see 50 again—many will never see 60—but they are still useful. Too bad we women age so much faster.

LAURA G. KILLEEN, R.N.
Pasadena, Calif.

LIVING TOGETHER

Dear Editor:

On the whole, I think we overseas nurses are a pretty practical sort but living together can be so very annoying or it can be so very nice, all depending on just a few little things. Those little things can be made into pleasantries, or they can become mountains. In a group which hasn't enough living space everyone must do his or her share of the work. More friction was caused in our group by those who didn't carry their share, or who were inconsiderate in little things, than by anything else.

Every nurse should know how to handle a sewing machine and a washing machine, the washing machine particularly. We have one and it is a constant troublemaker because of the unfamiliarity on the part of the girls in handling it. Then, too, everyone should know how to use a hammer and a saw and be able to drive a nail and put up a shelf. Did you ever try to put up a shelf, or build a bench or a table? Well, I have and my shelf fell down when I drove the last nail.

We have learned to be considerate of each other, keep our radios low, turn them off at bed time, bear with each other in our desperately homesick moments, console each other in sorrow, and be honest with each other, always.

2nd. Lt., A.N.C.
Somewhere in the Pacific

Pictures in this Issue

Pp. 32, 33, 34, R.N. photos by Anne M. Goodrich, R.N.

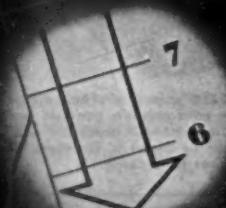
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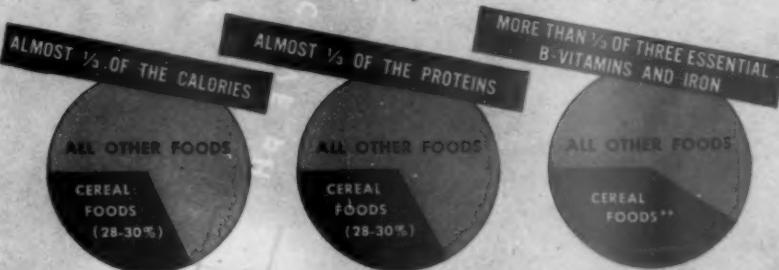
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*Based on 2800 calorie pre-war diet and provided cereal consumption consists entirely of whole grain or restored breakfast cereals and all white flour or bread is enriched. Data adjusted for losses in cooking.

**40% of the Thiamine, 45% of the Niacin, 38.5% of the Riboflavin, 45-46% of the Iron (in relation to allowances recommended, or indicated by recent scientific researches, for a 2800 calorie diet).

IN a recent discussion on American dietary habits, a well-known professional journal emphasizes that a lack of nutritional knowledge is an even greater factor than poverty in the choice of inadequate diets.

Obviously, intensified nutritional education is needed. But other approaches are also needed. One very hopeful approach already made is the enrichment and restoration of most cereal foods.

Cereal foods form part of the daily diet of practically every family in the nation, regardless of economic level.

Such foods have always been an abundant source, not only of calories but of cereal proteins as well. Now, thanks to their enrichment and restoration, they also become an important source of three essential B-vitamins and iron.

The current trend of nutritional thinking is that an increased consumption of enriched, whole grain and restored cereal foods might well result in a significant nutritional gain, for the nation, as a whole. *In fact, such foods may logically be called "foundation foods" . . . cornerstones of a nutritionally adequate diet.*

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Science Shorts



ULCERS. Pointing out how to avoid flare-ups of ulcers of the stomach and duodenum, Dr. W. C. Alvarez suggests that when a patient who has had an ulcer goes through an emotional crisis he should immediately start taking food every hour or two. He should not wait for the expected flare-up or hemorrhage or perforation. The extra feedings are probably most needed between the hours of 10 p.m. and 3 a.m.

*

Studies show that nicotine causes constriction of blood vessels and that the habit of giving an injured soldier a cigaret is not advisable if an injury to an artery has occurred.

*

NEW THERAPIES. Use of bacterial filtrates to produce hemorrhage and cause necrosis of cancer tissue has been reported by Dr. M. J. Shear, National Cancer Institute . . . Optimistic reports are made of streptomycin, a germ killer from a microbe that lives in the soil, as a weapon against typhoid fever, dysentery and infected wounds and burns . . . Dr. A. L. Schade of the Overly Biochemical Research Foundation shows that raw egg white checks the growth of the *Shigella* dysentery germs and some other organisms. Action is through depriving the germs of required iron . . . A new drug has been extracted from the leaves of tobacco. Named rutin, it is valuable in treating conditions resulting from high blood pressure associated with capillary fragility . . . A new cholera vaccine, named BRF, is easy to produce and requires a single injection.

A pocket-size still to convert sea water into potable drinking water can make a pint in 8 hours. It works by rays of the sun.

*

SULFONAMIDES. Dr. D. Bloom has recently summarized the danger of misuse of sulfonamide compounds on the skin. He believes that many ointments, powders and lotions which contain sulfa drugs are being used for conditions that would respond to other harmless drugs. Use of small bandages medicated with sulfa drugs is in this class. It is emphasized that even minimal amounts of sulfa compounds, absorbed through the skin, may sensitize a person to the drug. When the drug is needed at some future time there may be serious reactions. Most physicians are agreed that the layman should be informed that indiscriminate use of these drugs is potentially dangerous and that they should not be sold without authorization of a physician.

*

Hydroponic or soilless farms will be the means of supplying troops with fresh vegetables on barren atolls and islands.

*

PENICILLIN. It is estimated that from 50 to 75 per cent of the penicillin injected into a patient is excreted in the urine unchanged. Therefore, in cases of sulfa resistant cases of gonorrhea, when penicillin is not available, the sterilized urine from patients who have been receiving penicillin intravenously or intramuscularly is placed in the duodenum of the gonorrhea patient. The



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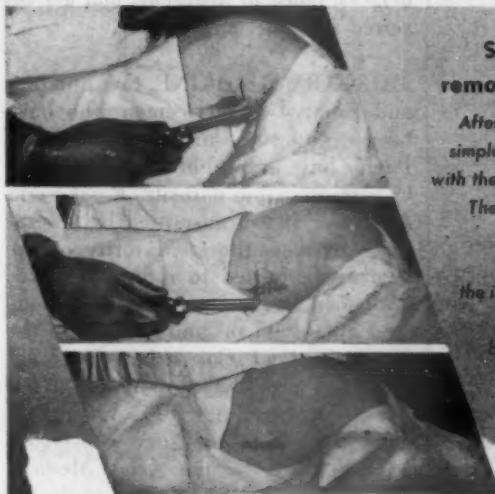
120 Broadway, New York 5, N.Y.

drug is destroyed by the acid reaction of the stomach or by bacterial flora of the lower intestinal tract, therefore it must reach the duodenum without being subjected to such action. This method has been found simple, available and economical, as processing of the urine is not difficult. There also seems to be a substance present in the urine of the patients that is bacteriostatic and bacteriocidal to the gonococcus . . . A distinctive yellow label is attached to the wounded man who needs penicillin and as he passes through various steps in the journey from battlefield to hospital the drug is given to him every five hours . . . Penicillin may be made into an aerosol and inhaled for the treatment of pneumonia and other respiratory tract infections. According to Dr. V. Bryson and associates, of the Carnegie Institute of Washington, the particles of penicillin reach the lungs and act directly on the germs.

*
Garbage trucks in Burlington, Vt. carry the sign, "Used-Vitamin Convoy Service."

*
DENTAL. The pain and condition known as dry socket may be caused by undernourishment, according to Dr. V. H. Eman. He concludes that an undernourished patient is a poor risk for any operation and that this also applies quite as definitely to minor as well as major surgery . . . Teeth that are suffering from pulpitis, an inflammation of the tooth pulp which contains nerves and blood vessels, are being saved by a sulfa drug and by zephiran, a new antiseptic.

*
The Navy will use "ear wardens" to prevent injury to ears from gun blasts and continuous noise of airplane engines. They are small, nipple-shaped



Skin closure following removal of Benign Neoplasm

After excision of the new growth, simple interrupted stitches are placed with the Singer suturing instrument.

The spool (under the operator's thumb control) feeds the thread as required; each knot is tied without the instrument leaving the operator's hand; and the strand severed by the knife-like edge of the lance-pointed needle.

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This complete, all-purpose suturing device frees the operator from "hand-to-hand" dependence on surgical assistants, enhances his deftness and precision, and extends the varieties of stitches available for his discriminating choice.

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devices, made of neoprene, and are inserted into the ear channel.

MILITARY MEDICINE. Five hundred and twenty-two servicemen who have been exposed to filariasis in the South Pacific have arrived in the U.S. Caused by a microscopic parasite, *Wuchereria Bancrofti*, it is transmitted by several types of mosquitoes. Majority of the men are expected to return to active duty soon as the cases are not serious . . . Captains Evans and McCune of the Army Medical Corps have injected penicillin directly into the brain for treatment of meningitis . . . A complete medical and sanitary survey of Guam was prepared by the Army Medical Department, well in advance of the recent landing.

A new glove film is being used by the Navy to protect against flash burns. Materials for trial under battle conditions have been issued.

MALARIA. Loss of efficiency from malaria in our armies has been less than in those of the enemies. The War Department announces that on the whole it has a good record in preventing malaria. Much of this is due to use of atabrine. The public concern over spread of malaria when troops return is a hazard "fully recognized" by the medical departments of the services but "the chances of serious consequences to the public health are not considered great." . . . Cinchona, planted in the Belgian Congo is expected to yield this summer . . . In China the use of oil from eucalyptus leaves spread on the breeding places of mosquitoes has been found effective . . . New experiments on a cure for malaria are being made at the Atlanta Federal Penitentiary with the inmates acting as volunteers . . . The Army plans to use DDT against mosquitoes.

How MAZON CAN HELP SAVE VITAL MAN-HOURS

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Absenteeism and slowed-down production resulting from disturbing skin irritations, depends for its control, on effective dermal therapy.

Mazon has demonstrated in clinical tests, its ability to bring rapid relief and satisfactory improvement in many common skin disorders, often, where the use of other medicaments had failed. Its record of success warrants your own trial where indicated—first, in the interest of the patient's comfort and safety, and second, to help him maintain peak efficiency where his contribution will count in the winning of victory.

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The Nurses' Album of New Mothers

NO. 2: DESPERATE MRS. DANIELS



MRS. DANIELS is one who takes motherhood hard. She's scared stiff of little Brewster (who knows it.)

"PLEASE BUBBLE, darling," begs Mrs. Daniels, almost in tears. Brewster thinks it's more interesting not to.



"COME HOME—and pick up the doctor on your way," Mrs. Daniels phones her husband. "Brewster has the strangest little speckles under his chin . . ."



FIRST-TIME mothers panic easily—especially at the sight of little skin irritations so common to babies.

FOR THIS REASON, many nurses find it helpful to suggest frequent dustings with Johnson's Baby Powder.

JOHNSON'S is made of superfine talc, lightly borated. It dry-lubricates the baby's skin . . . helps prevent annoying prickly heat and chafing.

MORE DOCTORS, nurses, and hospitals recommend Johnson's than all other brands of baby powder put together.



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IF A PATIENT
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REGARDING THE

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of internal menstrual protection

Primarily, the unique functional design of the Tampax vaginal tampon accounts for its numerous advantages—anatomic, physiologic and psychologic.

As one gynecologist¹ stated, at the conclusion of a study involving more than 2,300 cases of all types (many of whom employed Tampax over extended periods): "The patient does not even know that a tampon is present in the vagina if it is inserted sufficiently deep." He continued, "Many say they can forget that they are menstruating and so are without the disturbing annoyance they had every time they menstruated."

A general practitioner², after studying 21 patients, remarked: "All patients were favorably impressed after using the tampons. Some said that they eliminated the chafing and itching caused by the usual external pads. Some said that

they eliminated a 'wet feeling' or 'unpleasant odor'. Others preferred them because they could indulge in sports with greater freedom."

And another specialist³, after observing 110 women (both single and married) who employed vaginal tampons throughout each period for from 1 to 2 years, reported that "because of the greater comfort experienced, 103 subjects preferred to continue to use the tampons through part or all of the menstrual period rather than to return to the use of the perineal pad alone."

Such opinions reflect the reactions of thousands of women in all walks of life who have experienced the advantages inherent in the Tampax method of menstrual hygiene.

(1) West. J. Surg., Obst. & Gyn., 51:150, 1943.
(2) Clin. Med. & Surg., 46:327, 1939.
(3) Am. J. Obst. & Gyn., 46:259, 1943.

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TAMPAX INCORPORATED
PALMER, MASSACHUSETTS

Please send me a professional supply
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THERE ARE SOUND REASONS for continuing to take vitamins during the summer months. The capricious selection of foods during the hot summer months and in "picnic" lunches makes necessary the routine use of a polyvitamin supplement.

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crowds and coryza!

THE COMMON COLD . . . it mixes with the crowds, and it meddles to an extent which has meant as many as 23,000,000 persons ill with colds during a single week.¹ A review of the "sick list" in American shops and offices reveals other startling figures on the anti-production menace of the common cold. For instance, a reliable survey² shows that, in one winter month, thousands of workers were affected, with a resulting loss of 1,600,000 man-days of labor. In summary: Three out of four are attacked in winter . . . one out of twenty, even in midsummer.

Immunologic responses to the so-called cold virus are relatively transient. Prophylactic indications, therefore, are directed toward active immunization against bacteria associated with the more severe types of common cold.

'VACAGEN' ORAL COLD VACCINE TABLETS are designed to produce active immunity against ten, specific, pathogenic bacteria believed responsible for the more severe manifestations of colds, grippe, and similar acute infections of the upper respiratory tract. Supplied in vials of 20, and in bottles of 100, 500 and 1000.

Sharp & Dohme, Philadelphia 1, Pa.

1. Ending February 24, 1942. 2. November 24-December 20, 1941. American Institute of Public Opinion.

'VACAGEN' *Oral Cold Vaccine Tablets*

September 1944

27

With the A.N.C. in Italy



BY DOROTHY SUTHERLAND

A GROUP of nurses from a general hospital, headed by Captain Edna Plemback, have taken over an Italian schoolhouse here and are currently engaged in converting the place into temporary living quarters for nurses passing through this area. The building is a four-story stone and plaster structure built around a cobblestone courtyard in the manner of most Italian houses and, like most Italian houses, its plumbing is notably poor. The rooms are large and airy, however, and after several days of scrubbing they are at least clean enough to house eight nurses each in dormitory style.

When the nurses moved in a few days ago they had no equipment with which to begin to set up housekeeping, but now the sleeping rooms have cots, bedside tables, wardrobes, and chairs. The living rooms, offices, and lounge are fitted out with tables, writing desks, and wicker settees. A semi-circular bar has been installed and there is a "music room" complete with grand piano.

Ten nurses who form the general staff are responsible for the transformation. I am sharing quarters with seven of them in a large, high-ceilinged room that formerly was a second-floor classroom. A door opens out onto a roof and improvised beach chairs have been put out there for resting and sunning. Down below our windows is the courtyard which is currently being used as the mess. Our eight Army cots line the room and bedding rolls, ValPaks, and

other large luggage is stacked neatly in a corner and covered with G.I. blankets. We have shelf space in two walnut chests bartered from the Italians and our clothes are hanging from a bar suspended in a wooden frame knocked together by the Quartermaster to serve as a wardrobe. Wooden canned fruit boxes serve as bedside tables and some of the girls have these covered with printed cotton remnants. A wooden frame has been hung on the wall to serve as a towel rack and electric wiring has been run around the room and tacked to the wall to provide individual lighting between every two beds. The "hotel" hasn't been named as yet, but when it is running at capacity it will house several hundred transient nurses at one time.

The front door of this schoolhouse opens into a small square at the end of a narrow street in a ghetto section of Naples. Our area is enclosed in barbed wire to keep out the civilians and an M.P. sentry guards the entrance. Natives of this section live—sometimes whole families—in a single dark room opening like a cave from the street. The majority of them are earning their food and a few lira a day by taking in washing, mending, and tailoring for the nurses. These houses have no backyards and most of us find it amusing to walk along the street under wash lines strung out of front windows. Nurses' crisp, summer beige uniforms hang beside the poor rags most

Dorothy Sutherland, R.N.'s Editor-on-leave, is overseas on a special assignment for the Army Nurse Corps. R.N. is happy to offer this story, released exclusively to us by the War Department.

of these Italians must wear, and shoe-shine boys and girls squat at the curb waiting for customers. The children have the bloated stomachs of malnutrition and the majority are barefoot or wearing clogs made out of roughly carved wood and fabric straps. Many nurses would like to give cast-off clothing to these local families, but Army regulations make this impossible.

For the past several days I've been going out on supply "procurement" tours with some of the house staff. Captain Lorene M. Warwick spent the better part of a day with a Q.M. officer obtaining 100 enameled cups, 200 hand-turned aluminum plates, and 50 wooden wardrobe frames. All of this material is manufactured in local factories, must be Army-requisitioned and purchased at prevailing prices through Army channels. An interpreter goes along to help you barter with the Italians and at each factory you must go on a tour of the production line before closing the deal. Italian factories are dark dirty places, we found, and most of the production methods are slow and crude compared to streamlined American factories. Children well under 10 years old run around between white-hot kilns where enamel is baking, carrying cups, pans, basins and other vessels dipped in cold enamel and ready for firing.

Most of the nurses coming into the hotel for accommodations have been in field service for months and fre-

quently they are short of equipment and need personal clothing replacements. Lt. Helen Frech manages this phase of the hotel's service, traveling daily several hours to a large clothing supply dump to pick up uniforms and other special equipment in special sizes.

Other services of the hotel include a beauty shop, a laundry and tailoring service, and a shoe-shine parlor. These are under the supervision of Lt. Virginia Schuler whose impressive title of "Promotions Officer" includes also operation of a small bar for the convenience of guests and their officers friends. Lt. Schuler paid for most of the equipment in the shops out of her own personal funds; officer friends helped find other usable pieces in local furniture salvage dumps. Enlisted personnel and Italian workers cleaned, polished, and remodeled, and local painters tinted walls and finished up floors under Lt. Schuler's direction. She hopes that the shops will make enough profits to pay back the original investment and cover the fees of civilians employed to run the services.

Nurses staying here pay a 25c a day



mess fee—the standard amount charged all officers. In addition, they are invited to make an optional contribution of 50c toward an "Improvements Fund" which is to be used to help make the house more livable. Already, Lt. Dolores Bissonette—who is in charge of curtains and other decorative pieces of household equipment has purchased some Italian pottery vases and bowls

for plants and all the downstairs windowsills are gay with the bold primary colors and strong lines of hand-modeled clay. Red and white carnations mixed with blue hydrangeas brighten desks in the office.

Members of this hospital unit are mostly from the Detroit area and the Midwest. The other night the girls gave a dance in one of the long schoolhouse corridors. The orchestra was a Negro swing band provided through Army Special Services branch—and the floor was "waxed" with three cans of G.I. foot powder! Everyone took their dates and their drinks out into the courtyard between dances and sat in the long shadows of moonlight, admiring the bright sky and the fragrance of oleanders in the background. There was no admission charge and the drinks sold at the bar paid back the original investment plus a small profit toward the improvements fund. For next week's dance, Lt. Bissonette has traded 10 sheets and pillowcases for the use of a 5-piece USO orchestra: The USO people arrived here and had difficulty finding accommodations. They found cots but no bedding—so the use of the orchestra in exchange for linen made a good deal all round!

It takes a smart dietitian to feed anywhere from fifty to three hundred nurses three meals a day and to keep enough food on hand to supply the maximum capacity without waste on days when the number of transient guests is low. Lt. Lucille Backmeyer is the hospital's dietitian—and she is running the hotel's mess, supplementing Army rations with fresh fruits and vegetables purchased from local stands. The girls form a chow line and are served in mess kits. They sit around the courtyard on benches at long wooden tables. After mess a reverse chow line tends to dish washing. Mess kits, knife, fork, and spoon, and canteen cup are scraped first and then doused consecutively in large garbage cans filled with soapy and boiling rinse water. Long handled brushes are used for scrubbing and the aluminum kits come out shining and dry in just a few moments.

Housekeeper for the hotel is Lt. Renetta McClaughry whose job is to keep the building and area policed in Army style, to employ maids and other civilian workmen, and to keep dormitories equipped with blankets and cots. Many of the nurses coming in here sleep in [Continued on page 52]



THANKSGIVER

Black as coal lay his head,
In striking contrast to bandage and bed.

Explosion of molten zinc
Had brought the threat of eternal night;
Exacting care—and, at last,
The promise of perfect sight.

His first day up in the chair,
From his knees I saw him rise—
"Jes' a thankin' the Big Boss, nurse,
Foh givin' me back mah eyes."

—ANNA RESEBURG, R.N.

Nutrition for Nurses

BY ALICE H. SMITH, M.S.

Nutritionist, Cleveland Health Council



WAR has stimulated unusual interest in nutrition but the average nurse has a limited time in which to keep abreast of current developments. Realizing this, public health nursing groups asked the Cleveland Health Council to help them receive up-to-date nutrition education and also to make it a part of the community's health education program. As a result, a nutritionist was employed by the Council and an advisory committee appointed.

The program for nurses began five years ago when in-service training in nutrition was provided for the official agency, the City Health Department, and for the Visiting Nurse Association. Later, the same service was given to the County Health Department Nursing Staff. Cooperation with the nursing staff of the Child Health Association is given by teaching Food and Nutrition in their series of Classes for Expectant Mothers.

Another interesting program is that of teaching Applied Nutrition (field work) to graduate students at the University Public Health Nursing District. In this course each nurse carries at least one family for detailed study and at the end of the semester each case report is read and discussed. During the semester the nurses are taken into the Foods Laboratory where they actually prepare some of the low and moderate cost, high-nutritive diets including new products such as soy beans.

This is done on the basis of "the proof of the pudding is in the eating."

Two years ago the Cleveland Health Council, Nutrition Committee, appointed a sub-committee on Food in Industry. The committee consists of one hospital dietitian, one home economist (who works very closely with the restaurant association), two interested lay persons, a member of the Health Committee of the Mayor's War Production Committee, one physician, the Secretary of the Health Council, the two staff Nutritionists and an attorney who is also chairman. The Health Committee of the Mayor's War Production Committee is made up of representatives of Labor, Management, Health and Welfare agencies and representatives of the medical profession and is financed by the Anti-Tuberculosis League. Instead of appointing a new committee on food they invited the Cleveland Health Council group to become their Food and Nutrition Committee.

The Council's Food in Industry Committee offers consultation service to any industry that desires it and nutritionists visit industries to explain the services. The Cleveland Health Museum, a member of the Health Council, prepares interesting exhibits and secures appropriate films so that these two groups can interpret each other's program whenever possible.

As part of the educational work, [Continued on page 64]



Check Your Child

BY VIRGINIA CALOHAN

SOMETHING new and animate has been added to the long list of possessions which one may check at railroad stations. That something is a baby—or, if you prefer, babies. And to exhausted, peripatetic mothers who crowd the 30th St. Pennsylvania Station in Philadelphia, nothing could be more welcome than the colorful, attractive nursery where tired infants may be turned over to the competent care of an R.N.

Nurse Ruth M. Neilson (above) is shown registering the two children of Mrs. W. F. Kruger, wife of Captain Kruger of the U.S. Army. Mrs. Esther Jones, the grandmother, is holding her eight months old namesake, Esther Margaret. Since the nursery accepted its first customer on March 24, 1944, 1,750 children have registered, nine out of ten of whose fathers are in the Service. Another nursery is in operation in Pennsylvania Station, New York, and one will open in Union Station, Washington, D.C., in the [Continued on page 50]

Rickie, two-year-old Kruger scion, has great fun riding the handcar see-saw in the nursery while Captain Kruger supplies the leverage. A trained attendant is always on duty in the playroom for children whose parents cannot stay with them. Children love the saga of "The Little Train" which decorates the washable walls, in line with railroad motif.



Facilities are provided for every step in the care of the baby—a table of convenient height for diapering, four inviting cribs, an electric stove for heating formulas and bottles. Service men fathers rate high with Nurse Neilson. "They take care of everything," she smiles. "They give orders on how it's done and sometimes change diapers and mix formulas themselves. I never see any civilian fathers doing that." (below) Mrs. Kruger handles the situation competently while Nurse Neilson watches.





Each child is examined before admission to the nursery which is for well babies up to six years. Esther Margaret gets a much-needed rest after her all-night coach trip (above). Her brother, Rickie, enjoys washing-up in children's own compact, spotlessly clean lavatory (right). Note Pullman step.



Goodbyes to the nursery are said reluctantly by the children and gratefully by the parents. The Krugers leave to begin their ten-day furlough in Philadelphia (left). Esther Margaret has been fed and rested and Rickie has worked-off some of his pent-up energy. What might have been a tedious hour's wait for luggage has been pleasantly utilized. Rickie had hopes of carrying some of the toys home with him but he listened to reason.

**CHECK YOUR
CHILD (Cont.)**



Wilma Leona Jackson, A.N.C.

BY ANNE M. GOODRICH, R.N.

EARLY in January 1942 a pompous little man went to the door of the nurse's home on the Island of Guam. He was met by a small and competent nurse who looked at him out of level blue eyes. He said "You must inventory all your belongings, and pack what you can carry." Realizing that they were about to be evacuated from Guam, Lt. Jackson asked "Should we take clothing for a warm climate or a cold one?" The little man made a sucking noise between his teeth, considered the matter and finally said "for warm weather,

gaged in teaching the hospital corpsmen and in training native nurses to give nursing care in the hospital to their own people. Lt. Jackson felt that these girls had a course equal to the best practical nursing training in the United States. Though some of them had exceptional ability, it would not have been possible for them to have been sent to the United States to get their R.N.'s as their preliminary education was inadequate. The local system included high school but only a few could avail themselves of it.

This Pacific Island presented an ideal public health picture. It was under the administration of the Navy. A Naval Captain was Governor, a Naval Chaplain was Superintendent of Schools, and a Naval Doctor was the Health Department Officer. The Island was divided into districts, each having a Marine who acted as policeman, a Navy corpsman who gave first aid and acted as deputy health officer and a native commissioner. Every village had sanitary facilities, bath, toilets, and laundry. There was practically no communicable disease on the Island. Its chief health problems were tuberculosis and yaws. The native Chamorros considered themselves good Americans and were proud of their Island and of the 130-bed Navy hospital with its five Navy nurses. The nurses themselves divided the administration of the hos-



very warm." So Lt. Jackson and the other four Navy nurses proceeded to pack all the wool clothing they could lay their hands on, having learned after a month of captivity under the Japs that the antithesis of what they promised usually took place. This foresightedness was appreciated when they arrived at Zentsuji prison camp in Japan in the middle of winter.

The five Navy nurses had been assigned to the Naval Hospital on the Island of Guam where they were en-

pital, one being in charge of the operating room and clinics, one in charge of the diet kitchen and private section, one on the general wards and one afternoon supervisor. These four worked under the direction of a chief Navy nurse and rotated night call.

Leona Jackson had joined the Navy in 1936 when the Nurse Corps personnel numbered only about 500 nurses. She was assigned to Philadelphia, Brooklyn and Mare Island before being sent to Guam. Born in Ohio, near Dayton, she entered the Miami Valley Hospital in Dayton, graduated in 1930, did general duty and was on the staff of her hospital as a charge nurse before joining the Navy. She has especially enjoyed instructing the corpsmen and now passes on to other Navy nurses her credo, "Your influence goes infinitely farther in the Navy than your physical capacity for service."

After traveling for five days in the Argentine Maru, the Navy nurses spent two months at the Jap prison camp at

Zentsuji and then were transferred to civil detention in Kobe where they spent four months in a hotel built for and occupied by Asiatic Indians. At the end of that time the Swiss representative notified them that they were to go home on the first exchange trip of the Gripsholm. All started out but only four returned to this country as one stopped off in South Africa with her newly acquired diplomatic corps husband.

Now assigned to duty in the office of Captain Sue S. Dauser, Superintendent of the Navy Nurse Corps in Washington, Lt. Jackson enjoys her work but would have given much to have been with the Navy when they landed on Guam recently. However, her family is well represented on the island of Guam today. Her brother landed with the 3rd Marines to retake the Island and bear out the faith of the Chamorro Americans who knew, in spite of all the Japs told them, that the American forces would some day return victorious.

Probie



"Watch out! It's a booby trap."

England's Transit Hospitals



By LENA CHIVERS*

IN the detailed and careful plans which have been made regarding the treatment and transport of Allied casualties from the battlefields of Europe, the transit hospitals of southern England play an important part.

Most of the wounded are brought to Britain by sea, although certain cases are flown over.

The function of the transit hospital is to receive casualties from Europe, to investigate their injuries by X-ray or other methods, to carry out immediately necessary operations, to clean and re-dress wounds and then, to forward patients who are well enough to Base Hospitals for necessary courses of treatment and subsequent rehabilitation.

In the early days of the invasion the casualties usually had on only field dressings, but as the Allied beach-head became strengthened it was possible to carry out more extensive treatments, and patients began to arrive with their limbs in plaster and with other evidence of detailed care.

Attached to each soldier is his Field Ambulance Card on which the R.A.M.C. personnel, who have dealt with him in France, have noted treatment. These hurried notes, often in pencil, remind one of the pressure under which some of the surgeons in the field must have been working. The card states the nature of the injury and the treatment given, as well as the name, age and

company of the casualty. Details of drugs are noted. A typical card might read as follows:

"Lance-Corporal Brown, R.A.S.C., aged 19. Knee lacerated by mortar. 14 hours, 17th/6. Casualty clearing station 16.30. . . . Units Anti-tetanus serum and anti-gas gangrene serum administered. Swab taken for gas gangrene—positive. . . . Units penicillin intramuscularly. Sulphonamide locally. Evacuated 16.30, 18th/6. Condition good."

Then the Doctors at the transit hospital continue the story on the card—"Arrived 5.30, 20th/6. X-ray indicated comminuted fracture base of patella. . . . Units penicillin."—and so on for the duration of the casualty's stay in the hospital. The card then goes on with him to the Base Hospital together with any X-ray photographs which have been taken. In addition to this card, patients who have received sulphonamides have a red label with the doses marked and those who have received penicillin wear a bright yellow label.

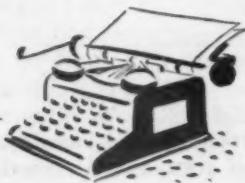
In each hut, the medical staff is ready to carry out its routine of reception. The nurses have divided themselves into teams for each side of the ward. As the men are carried in by the orderlies, the nurses start at one end of the ward methodically undressing the patient (often this only means cutting off the remains of his uniform), washing the dirt off, giving him a ciga-

[Continued on page 80]

*The author is a British journalist and a part-time Red Cross nurse.

The Long Road Shortened— A Rehabilitation Story

BY EUGENIA BEDELL



MMR. BROWN and Mr. Green were playing checkers. It was Mr. Brown's turn. He stepped forward a few feet, leaned from his waist and moved a foot-wide, 5-lb. checker approximately one foot into an adjacent square. Mr. Brown's and Mr. Green's playing board was slightly oversize—covering a 12'x12' area. Here, was recreational therapy at work and at play.

The scene was The Rehabilitation Center on Boston's Boylston Street and Mr. Brown and Mr. Green were patients. Both had suffered industrial accidents in plants insured by the Liberty Mutual Insurance Company, both had been cared for by their private physicians in hospitals and, following release, had continued under care of their doctors until turned over to the Center for the final phase of rehabilitation. When Mr. Brown and Mr. Green were discharged from the Center they returned to their old jobs—physically and mentally fit to hold them. There are few relapses for workers who have been discharged from the Center. Statistics show that not only do the majority of patients return to their old work at the same wages but a few have returned to new and more advanced jobs at higher salaries.

The Center represents a step forward in care of the industrial worker and in the recognition of his essentiality as a home front soldier. The first and only

one of its kind in the country, its doors were opened on June 28, 1943. The need for restoring injured workers to their jobs had long been realized and was brought sharply into focus when the Nazi invasion of Poland shot U.S. production Lend-Lease goals sky high.

Then came the Jap sneak punches in the Pacific. Liberty Mutual officials took one look at the manpower shortage statistics, cocked a worried eye at the growing shortage of doctors and surgeons in civilian life and at industrial absentee statistics—and went to work. Out of months of research and planning the Center was evolved—a stopping-off place where men and women after injury from accidents may regain the courage and ability with which to tackle life.

Liberty Mutual has been careful that the Center's function in no way infringes on private medical service. Only patients who have been recommended to the Center by their own physician, after the physician feels his job is done, are admitted. This transitory period between medical discharge and return to active work is a critical one. During convalescence the body may become flabby; a "what's the use?" attitude may develop after a short time of following doctor's orders to "bend down sixty times a day" or to perform other equally as tedious exercises for injured muscles; or, perhaps,



Patient at work rebuilding old automobile (above). Nurse shows how to grip tool so as to reeducate injured muscles.



A gargantuan checker game is supervised by the nurse to insure proper therapeutic exercise for the patient (right).



through lack of mental stimulation or of enforced leisure, boredom sets in. At this point, the road to recovery, in the patient's eyes, grows hopelessly long. If he does return to work a lack of self-confidence because of his handicap may lead to further injury.

The patient finds Dr. Alexander P. Aitken, Director of the Center, and his

assistant, Dr. George G. Bailey, in sympathy with these natural reactions. After medical examination of the patient certain courses of treatment are prescribed and he is placed in the hands of the physical therapy and occupational therapy departments. Suggestions as to method of treatment,

[Continued on page 56]

Virus Diseases of Childhood

BY CAROLYN VALENTINE, B. S.



PREVENTIVE medicine has lowered the incidence of many serious childhood diseases and new drugs and therapies have been the means of controlling many others. Yet, the so-called virus diseases still continue to challenge medical science.

MEASLES (Morbilli. Rubeola.) This highly communicable disease is known all over the world in endemic form and it tends to occur in epidemic form at intervals of two and four years. In the 17th Century, Sydenham differentiated measles from scarlet fever and in 1896 Koplik gave his name to the characteristic spots found on the buccal membranes.

Climate, race, nationality, social or economic status seem to have no influence on measles, and the fact that it is more common in late winter and early spring remains unexplained. Only minute amounts of the virus are needed to produce the infection so it is highly communicable. Any age may contract measles but it is more common in early life. A pregnant woman suffering from measles may have a miscarriage but most mothers seem to be immune to the disease.

Measles is caused by a filtrable virus, transmitted through the secretions of the eyes and respiratory passages by direct contact and droplet infection, although it can be spread by air-borne droplets. Greatest period of infection is during the catarrhal or preeruptive stage. This makes it difficult to limit

control of infection. First symptoms usually appear from 10-11 days after exposure, followed by about 4 more days before the eruption appears. An attack of measles protects the victim from reinfection in about 95 per cent of the cases.

During the period of invasion, lasting until the eruption, there is fever, general malaise, lacrimation, congestion of the conjunctivae, and catarrhal signs in the upper respiratory passages. Koplik spots usually appear in from 24-36 hours. The eruption which extends downward from the face to cover the entire body may last from 4-5 days. A severe form of measles, the hemorrhagic or black, shows purpuric spots over the entire body complicated



by bleeding from mucous membranes of the nose and pharynx with possible bloody stools.

Because the patient with measles suffers lowered resistance there is always danger of secondary infection such as laryngitis, bronchitis, pneumonia and middle ear conditions. The number of complications in measles is long, although most of them are due to infec-

tion by streptococcus, pneumococcus, influenza bacillus and occasionally staphylococcus. In 1917 the largest single cause of death in the U.S. Army was measles, mostly with secondary bronchopneumonia in the late eruptive stage. Otitis media is common and catarrhal conjunctivitis may follow improper care of the eyes.

PROPHYLAXIS. Convalescent serum may be useful against measles by effecting complete protection or altering the course of the disease by prolonging the incubation period, giving milder symptoms, lowering the fever, shortening the illness, decreasing complications and producing a quicker recovery. During an epidemic in Iceland in 1942 this method proved of special value. Placental extract has also been used for passive immunity.

The most recent development in the fight against measles comes with the announcement by the War Department that gamma globulin, made from blood plasma, and containing the antibodies which destroy the germs, will, in most cases, prevent an exposed person from developing the disease. Plans are made to use injections of immune serum globulin for all soldiers who have been exposed. This new weapon is the result of fundamental studies by Dr. Edwin J. Cohn of the Harvard Medical School who succeeded in separating blood plasma into its component parts. One of these fractions, gamma globulin, was found to contain a concentration of the antibodies. Plans are being completed for free distribution to civilians.

CARE. During an attack of measles bed rest should be enforced, adequate food and fluids given and the bowels kept open. The eyes should be protected, emollients can be used for the nose and sedatives to control the cough, although it should not be stopped completely as coughing, deep breathing

and crying may minimize occlusion of the smaller bronchi.

The room should be well-ventilated and the air warmed as cold air will tend to irritate the mucous membranes. Severe cases of laryngitis may require a croup tent and cases of tracheitis or bronchitis may need higher temperatures and increased humidity. Warm alcohol and tepid water sponges are indicated when the temperature is high. Position of the patient should be changed frequently to prevent pulmonary congestion.

It must be remembered that the



greatest danger in measles lies in the complications. Sulfa drugs have not been successful for the disease itself but they are valuable for some of the complications. They are usually given to children who have been ill before onset of measles.

Attendants should wear an outer garment that can be removed before contact with others and hands should be scrubbed before leaving the room. Masking of the personnel is advisable because patients who have measles are susceptible to respiratory infections. Dishes and linens should be boiled and the heavier bedding, blankets and mattress in the room should be thoroughly aired when the disease is terminated.

RUBELLA (German Measles, Rotheln). While this disease, probably caused by a filtrable virus also, is similar to measles and scarlet fever it is quite distinct. There is a long incubation period, a short invasion stage followed by a benign course and almost

complete freedom from complications. Rubella is infectious for only a few days before the eruption, is transmitted by direct contact but is less infectious than measles.

The disease is most prevalent during the first half of the year, children between 3 and 12 being most susceptible with epidemics occurring every 3-4 years. An unexplained fact is that children who have had measles develop rubella more often than those who have not.

There is a short period of pharyngeal catarrh about 24 hours before appearance of the rash, which is papular and morbilliform and sometimes scarlatiniform. This rash spreads quickly from the face, downward to the entire body. There may be a period of desquamation for several days. Mucous membranes of the mouth are not inflamed and Koplik spots are not present, although tonsils may be swollen and reddened. Eyes may become slightly irritated and sometimes the fever rises as the rash appears but, on the other hand, there may be no fever at all. The fever is usually less than 101°. It is well

to watch for any tenderness and swelling of the mastoid and occipital glands.

Pooled human serum or plasma has been somewhat effective in controlling epidemics of rubella. The patient should be isolated and kept in bed until all of the symptoms subside. The Association of Medical Officers of Schools advise that quarantine continue for 10 days.

VARICELLA (Chickenpox). This usually mild, low grade fever is also probably due to filtrable virus. The entire body is involved by a vesicular eruption with erythema around the vesicles. This also extends to the mucous membranes of the mouth and throat. The disease is highly communicable and is spread readily by the air as well as by direct contact and droplets from sneezing, coughing or speaking. The virus is believed to enter through the respiratory tract and it can be spread from vesicles on the skin during early stages of the eruption.

Symptoms are usually mild with anorexia, malaise, headache, nasopharyngitis and a low fever. Except in very severe cases [Continued on page 54]

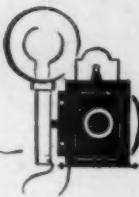


ARMY NURSE

Here in my little ward I do a hundred uneventful tasks;
The small, monotonous duties for which my country asks.
Yet, in my reverie, as I write these nurses' notes
The muffled sound of drum and flaring bugle floats
And with this pen, and a flourish of my hand,
Out in some wild frontier I take a strip of land
And die—a daily death—to all the things I knew.
No victory could be won without the little things I do:
For there are wounds other than of shot and of shrapnel.
Who knows but in some heart is waged a losing, lonely battle,
And I, because I'm left behind and waiting here,
May climb some hilltop of despair, and with one word of cheer—
A single shout of challenge—may plant a flag, and flame
One heart to courage—in my Country's name.

—VIRGINIA B. HUGHES (A.N.C., Ret'd.)*

News of the Month



POSTWAR PLANS

One of the questions uppermost in the minds of nurses overseas and those in civilian life is—what opportunities will the postwar nursing world offer? The steering committee of The National Nursing Planning Committee held its first meeting recently in an effort to draft some sort of postwar blueprint for nursing service. Marian Sheahan, president of the NOPHN, is chairman.

The committee's first function will be to assemble and coordinate postwar programs of member agencies and to plan the assignment of projects, such as a survey of nursing needs and available nurse power. Many nurses are aware of this responsibility toward helping shape postwar plans and will want to lend their support to the solution of professional problems through active participation in district meet-



ings. They know that successful postwar planning cannot emerge as the will of a small group but must represent the rank and file.

NEW RED CROSS HEAD

Nurses throughout the world learn with regret of the recent resignation, for reasons of health, of Miss Mary Beard, Director of the American Red Cross Nursing Service for the past six

years. Miss Virginia M. Dunbar, deputy to Miss Beard since 1938, has been named as her successor.

Internationally known for her work with the Red Cross and, prior to that, with the Rockefeller Foundation, Miss Beard is one of the leaders in the nursing field today. Her contribution to the war effort has been tremendous. She is credited with much of the success of the Red Cross recruitment program which has enrolled nearly 50,000 American nurses for the Army and Navy nurse corps.

Nursing education and nursing practices in universities and governments in many parts of the world felt the impact of Mary Beard's influence during the number of years she served as Associate Director of the International Health Division of the Rockefeller Foundation. She had many friends in many lands.

Six years of close assistance to Miss Beard in all departments of the Nursing Service, plus a broad experience in nursing education and administration, well qualifies Miss Dunbar for her new duties. She came to her post at the Red Cross in 1938 from a position as Assistant Director of the University of California School of Nursing in San Francisco. On leave of absence from the University in 1935, she visited nursing centers throughout Europe as part of a year's scholarship study at the Florence Nightingale International Foundation in London.

Miss Dunbar's impressive educational background includes an A.B. [Continued on page 66]

AN AERIAL VIEW OF HUNTER'S POINT AND THE HOUSING PROJECT SERVED BY THE HUNTER'S POINT GENERALIZED NURSING DISTRICT. THE HEALTH CENTER IS LOCATED IN A BUILDING NOT FAR FROM THE GROUP OF TREES.



AN INDIAN FAMILY, RESIDENTS OF THE DISTRICT, MAKE THE ACQUAINTANCE OF DR. MARGARET RICHARDS, DOCTOR IN CHARGE. NOTE THE CHILDREN CARRIED IN TRADITIONAL UPRIGHT "CRADLES."





Hunter's Point Health Center

BY ELSA GIDLOW

BEFORE the war Hunter's Point was a bare, little-populated, sun-soaked and windswept toe of land thrust into San Francisco Bay. A few artists had discovered the spacious view and had cottages atop the hill. Chinese shrimp fishermen and their hard-working families had been part of the scenery for a long time and got on peaceably with the habitants. A few amateur yachtsmen had homemade boats fastened out beyond the swampy tideland. No one at Hunter's Point

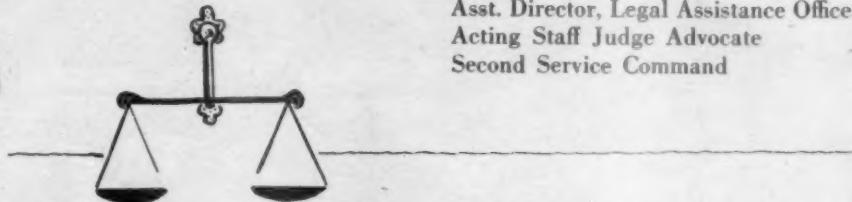
ever seemed to need a public health nurse.

Three years have changed the picture and more public health workers than are available are needed to take care of a new population of 18,000. War, which has altered so much overnight, has banished the shrimp gatherers and the boatmen and in their place brought a horde of new citizens whose health problems four valiant, overworked public health nurses are

[Continued on page 74]

Legal Assistance for the Army Nurse

BY LT. COL. A. A. MELNIKER, J.A.G.D.



Asst. Director, Legal Assistance Office,
Acting Staff Judge Advocate
Second Service Command

TO equip a civilian nurse for military service requires mental and spiritual preparation as well as physical preparation. Certainly, no nurse can be expected to do her best if she has left behind her some unsolved personal or family problems.

As the war progresses, increasing numbers of military personnel will be ordered to theatres of operation in all parts of the world. Some may be separated from homes and families for long periods. Some may never come back. Some may be captured by the enemy or interned in a neutral country. In any event, preparations should be made to meet all eventualities.

The War Department realizes that the efficiency of its members depends in a large measure upon peace of mind as well as physical well-being, and that the settlement of personal legal affairs and problems is essential to insure maximum efficiency. It has, therefore, organized a system designed to make available to every man and woman in the Army—enlisted and officer personnel alike—assistance in the settlement of personal legal affairs.

Under the direction of The Judge Advocate General in Washington this system reaches into every organization at every post, camp and station in the

United States. An example is the Second Service Command where more than one hundred Legal Assistance Officers serve under Colonel Jones, Director, who is actually head of one of the largest law offices in the world. And, this is duplicated all over the country.

Each of the Legal Assistance Offices is supervised by a specially designated, qualified officer and he in turn has assistants (both commissioned and non-commissioned) under him who are men with legal training. Many of these men come from the largest and most reputable law firms in the country.

This service is absolutely without cost to the Army nurse. If, however, it becomes necessary to call in the services of a civilian lawyer, then, through cooperation with the Bar Associations, there is assurance that the charge will be a reasonable one and that the lawyer will be a reputable and responsible member of the Bar.

Because the services of the Legal Assistance Officer are essentially legal the file in each case is treated and considered as confidential and privileged. These matters are not disclosed by the personnel of the office to anyone except upon specific permission of the person concerned, and such disclosures may



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ENERGINE SHOE WHITE



not be lawfully ordered, even by superior military authority.

Of course, the Legal Assistance Officer should not be consulted by personnel who have committed crimes against the civil laws, knowingly involved themselves in matrimonial difficulties, or those subject to court-martial investigation or charges or other disciplinary action. The sole function and purpose is to help military personnel and their dependents with private, personal legal problems, such as drawing of wills, powers of attorney, changes of name, naturalization, adoption, taxes, estates, property and matrimonial problems where there has been no willful wrongdoing on the part of the military person.

The War Department has no desire to force its personnel to go to the Legal Assistance Officer, nor to coerce him to follow the advice given. But, it does desire that each member of the Army face the all-absorbing business of soldiering with a mind that is free of all business and family cares and worries, affecting himself or herself and any dependent.

It is not wise to wait until you are in a Staging Area to attend to important matters. Time spent in these Areas is short. There are many things to be done and when this Area is reached you are more or less cut off from communication with the civilian world for reasons of security. Therefore, the business of getting personal legal affairs in a course of adjustment should be started as soon as possible after entering service.

The Army wants everyone under its command, and the dependents too, to know about this service and to utilize it. If you have any personal legal problem which is causing anxiety, see the Legal Assistance Officer of your organization. Do it at once, and let him straighten it out for you.

Only 1 baby oil has these qualities:

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SURVEYS SHOW THAT **MENNEN** IS PREFERRED BY AN
OVERWHELMING MAJORITY OF PHYSICIANS AND HOSPITALS

September 1944

Check Your Child

[Continued from page 32]

fall. All of which suggests a new avenue of employment for the registered nurse, both now and in the postwar era.

The nursery is open from 7 a.m. to midnight. It is staffed with two R.N.'s who work continuous eight hour shifts with one day off a week which is filled-in by a third, or relief nurse. They are enthusiastic about their work, their regular hours and the employee benefits offered by the Pennsylvania Railroad. All three were chosen, from over fifty applicants, for their ability to handle people, their pleasing personality, appearance and resourcefulness. These qualifications combined with a love for children, plus courses in psychiatry and pediatrics, qualify an R.N. for this type of work, according to Pennsylvania Management.

Many of the mothers who visit the nursery have been travelling for as long as five or six days. Many have found the nursery a setting for a dramatic family reunion when service fathers greet children whom they have never seen. One young war bride brought her baby all the way from Australia and there, in the Pennsylvania Station nursery, for the first time met her husband's family. Since the Valley Forge Hospital for wounded veterans is quite close to Philadelphia it is a common occurrence for children to be brought into the nursery for a last-minute freshening before being taken on to see their fathers who have returned from the war, disabled.

As part of her orientation each nurse is given a week's course in travel information, geography and time-table reading. Most of the mothers reserve such questions for the information

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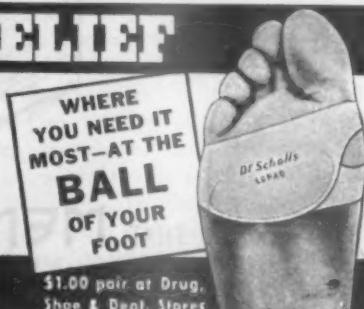
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*T.M. by U.S. Pat. Off.

booth but occasionally the nurse is called on to answer them. When they can be of help the nurses make suggestions to mothers about how to simplify their travelling "and," laughed Miss Neilson, "I learn a lot from the mothers myself."

The A.N.C. in Italy

[Continued from page 30]

their own sleeping bags or bedding rolls, but the house staff provides blankets and cots when they are needed. No one sleeps on sheets unless they bring their own and few of the girls have pillows. This is a temporary residence, after all, and the Army doesn't have facilities for more than the barest comforts over here.

Among Lt. McClaughry's responsibilities as house officer is the plumbing

—showers, lavatories, and other water supplies. Each wing of the building contains its own lister bag which is filled fresh every day with chlorinated water and sometimes G.I. ice. There isn't any hot water but the showers are available all day long—and in this hot weather they're much in demand. Italian plumbing never seems adequate by American standards. On top of that a water main in Naples burst about the time the nurses moved into the schoolhouse and for two or three days there was no water except whatever could be hauled in by truck. Army engineers have made changes and improvements during the week, however, and now the hotel's staff have a minimum of problems resulting from the water supply.

One day Lt. McClaughry was supervising an Italian workman assigned to cleaning one of the latrines. At one

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If a chafed spot, minor foot irritation, bit of dry eczema or simple rash annoys you, apply soothing Resinol Ointment. Relief from the itchy burning and smarting follows quickly.

Would you like a professional sample of both? Just write Resinol Chemical Co., RN-34, Baltimore, Md.

RESINOL OINTMENT AND SOAP

QUIZ ON BABY CEREALS

1. What are the advantages of a fortified cereal?

The intake of iron and thiamine in the infant diet is often undesirably low. Gerber's Strained Oatmeal, fortified with both these elements, supplements the usual milk or formula. An ounce of this cereal will supply a generous intake of iron as well as a sufficient amount of thiamine for normal infants.

2. Is low fibre content essential?

The percentage of crude fibre must be low enough for the delicate digestive tract of infants. Gerber's Strained Oatmeal is processed to be suitable for the digestive systems of infants four weeks old.

3. How about consistency?

When infants are first given cereal, uniform consistency, or texture, is very important. Qualified infant nutritionists have de-

veloped Gerber's Strained Oatmeal to mix to a smooth, creamy consistency without lumps. The texture of Gerber's is always uniform!

4. Is taste important to babies?

Not at first, but a pleasing flavor is a help to appetite appeal as baby grows older. Special attention was given to the development of extra good taste in Gerber's Strained Oatmeal.

Gerber's Strained Oatmeal is pre-cooked. Just add hot or cold milk or formula to secure the consistency desired, and it is ready to serve.

IRON AND THIAMINE VALUES OF GERBER'S STRAINED OATMEAL

Minimum daily requirement for infants (estimated)*
Recommended allowance
One ounce Gerber's Strained Oatmeal
Gerber's Strained Oatmeal: 109 Calories per ounce

	Thiamine mg.	Iron mg.
Minimum daily requirement for infants (estimated)*	0.25	7.5%
Recommended allowance	0.40	6.0
One ounce Gerber's Strained Oatmeal	0.42	11.7



Gerber's
Baby Foods
CEREALS • STRAINED FOODS
CHOPPED FOODS

GERBER PRODUCTS COMPANY

Dept. 338, Fremont, Mich.
Gentlemen: Kindly send a complimentary sample of
Gerber's Strained Oatmeal and a Professional Reference Card to the following address:

Name
Address
City State



M. BURNEICE LARSON, *Director*

Practically all psychologists agree on the first rule for success—KNOW WHAT YOU WANT. So—could be they're right. How many Vacillating Vernas do you know in the upper salary brackets of RN-dom?

If every time you get started on one hand you immediately begin having on - the - other - hand - trouble, you should get in touch with us. We'll help you decide what it is you want from your life as an RN. We'll even help you get it!

For a complete explanation of our service (without commitment on your part) send us your name and address on a post-card. We assist RN's in securing all types of appointment in all parts of the country. And we do *not* "read and tell" unless we have your blessing in the matter.

M. BURNEICE LARSON

Director. THE MEDICAL BUREAU

Palmolive Building

Chicago

point he stuck his head under a water spigot and began to drink. "No! No!" Lt. McClaughry cried, "Aqua no buona," and she tried to direct him to the lister bag. He looked up at her quietly for a moment. Then he asked, "Aqua Italiana?" And when she said "yes," he pointed an emphatic finger at his chest and said, "Me Italiano," and stuck his head back under the spigot again. "The civilians," Lt. McClaughry commented, "are pretty much unconcerned with our efforts to save them from their own unsanitary habits."

Virus Diseases

[Continued from page 42]

the symptoms accompany the eruption. Irritation and itching are sometimes intense. Excoriated areas and larger crusts result when younger children scratch the surfaces. Vesicles in the larynx and conjunctivae may be dangerous if complicated by bacterial infections. Lesions of the genitalia and matting of the hair on the scalp should be watched to avoid infection.

When children are subject to eczema or staphylococcal infections of the skin there may be severe complications as the vesicles may fill with pus and spread infection. Until advent of Sulfa drugs, hemolytic streptococci, which resulted in severe cellulitis and erysipelas, were serious possibilities.

Most important in nursing is to prevent secondary infections. Scratching should be discouraged and an ointment of sulfonamide, such as sulfathiazole with phenol added, will be of aid. A 20 per cent suspension in water of the microcrystals of sulfathiazole with added phenol is also effective. Sedative may be necessary. Sulfonamides may also be given by mouth. Wet dressings of potassium permanganate in the later stage of eruption when large crusts form may be desir-

NURSE, YOU'LL LIKE THIS

new
SUPPLEMENT for
INFANT DIETS



VI-SYNERAL VITAMIN DROPS

TWO YEAR RESEARCH ACHIEVEMENT

A stable, comprehensive, non-alcoholic, multi-vitamin preparation

Each 0.6 cc. (as marked on dropper) provides . . .

Vitamin A	4000 U.S.P. Units
Vitamin B ₁	1 Milligram
Vitamin B ₂	0.4 Milligram
Niacinamide	4 Milligrams
Vitamin C	30 Milligrams
Vitamin D	570 U.S.P. Units

CONTAIN NO ALCOHOL



In 15 cc. and 45 cc.
packages, with
marked dropper.

A MODERN FORMULA

Built on New Concepts of Infant Feeding

Milk, both human's and cow's, fails to furnish optimum levels of all needed vitamins. Most infants, reports one prominent pediatrician (J.A.M.A. 120:12), can benefit from supplementary supplies of Vitamins B₁, C, D, Niacin and possibly other B Complex factors . . . as milk, at best, furnishes only the bare minimum of these essentials.

VI-SYNERAL VITAMIN DROPS help to assure an optimum vitamin intake for infants—at a surprisingly low cost of about 4c per day. The Drops are readily accepted and well tolerated even by very young infants. Mix perfectly with milk or formula, fruit juices, soups, cereals, puddings.

Liberal potencies

Contain no
alcohol

Vitamins are
stable

Economical

Do not affect
taste of foods

Sample and litera-
ture upon request.

U. S. VITAMIN • CORPORATION
250 EAST 43rd STREET • NEW YORK 17, N. Y.

able. Children's nails should be kept short and fingers and nails scrubbed with soap, water and alcohol.

Use of convalescent or pooled adult serum has been only partially successful. Vaccination has been tried but, as yet, has not proven successful. Release from isolation is usually safe about 7 days from onset when pustules are gone and after the patient has had a thorough bath and shampoo.

* * *

Public health and school nurses are in a strategic position to help prevent the spread of these virus infections. The health department should be notified of suspected cases and in an advisory capacity to the parents the nurse should urge them to call a physician. She can also teach parents to protect others in the family and prevent further spread of the diseases. As daily inspection of school children often brings to

light the first symptoms of these conditions, the proper correlation between nurses, public health officials, health departments and school authorities may lessen the danger of epidemics. Many consider these diseases "necessary" but they should not be underrated and every effort should be made to keep their incidence to a minimum.

Rehabilitation

[Continued from page 39]

along with all available X-rays on the case, are submitted by the patient's own physician and, if requested, bi-weekly or monthly reports are sent to him.

Much of the success of the program at the Rehabilitation Center may be attributed to the correlation between physical and mental care. Three types of therapy are offered: physical, occu-

MOIST HEAT THERAPY

IN conditions which require "Moist Heat" applications—but no specialized nursing care—an ANTIHLOGISTINE poultice is indicated.

This ready-to-use medicated poultice is applied comfortably hot directly to the affected area. It maintains "Moist Heat" for many hours.

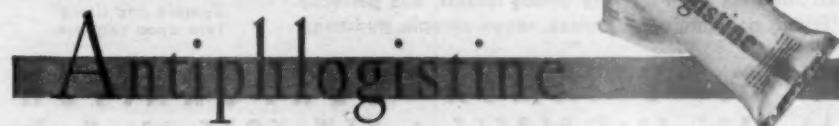
The comforting "Moist Heat" of ANTIHLOGISTINE is effective in relieving the pain, swelling, and muscle spasms due to sprains, strains and contusions.

It is likewise effective in affections of the respiratory system; in relieving the cough, soreness, tightness of the chest, muscular and pleuritic pain.

ANTIPHLOGISTINE may be used with chemo-therapy.

Formula: Chemically pure Glycerine 45.000%, Iodine 0.01%, Boric Acid 0.1%, Salicylic Acid 0.02%, Oil of Wintergreen 0.002%, Oil of Peppermint 0.002%, Oil of Eucalyptus 0.002%, Kaolin Dehydrated 54.864%.

The Denver Chemical Mfg. Co., New York 13, N. Y.



Hay Fever Relief

often begins in 10 minutes

with a simple 6 gr. tablet of
NaCL, NH₄CL, KCL—nothing else.

OF course, you don't believe it and neither did we until we were confronted with repeated clinical proof and then for three years—repeated, increasing sales to doctors.

CHECK this tablet for yourself, as we have done and let results convince you.

IMPORTANT

The information given here is based on the reports of clinical tests in a large New York City Clinic and reports from physicians. As Manufacturing Chemists introducing Nakamo Bell we make no claim as to its usefulness or the correctness of the dosage given.

"Trial is proof"

SEND FOR SAMPLE

HOLLINGS-SMITH CO.
Orangeburg, N. Y.

RN 944

Sample Nakamo Bell, please.

Name R.N.

Address
.....

pational and recreational. Complete equipment for heat, hydro-therapy and massage are also available in a separate department. Each case is treated individually and both the physical and occupational therapy departments have large enough staffs to assure the necessary close supervision for each patient. There are four full-time Registered Physical Therapists assisted by three part-time students and four full-time Registered Occupational Therapists assisted by three to six students. The students usually are seniors who are obtaining clinical experience.

The patient who has been assigned to Occupational Therapy is allowed to choose whatever project he wishes. He works in an intriguing-looking workshop, sparklingly clean, with every kind of tool at his disposal and even an automobile engine on hand with which to tinker, if so inclined. There are variations of each tool to fit pre-

scribed therapy. All the lumber and other material is provided and whatever objects the patients make are their own.

Remedial and recreational equipment includes a gravel pit for the man who will benefit by the motions involved in shoveling, a printing press for the man who is interested and whose arms require that type of exercise and a horseshoe pitching game. A ping pong and pool table and other games plus reclining chairs, a radio, and comfortable couches furnish a large, attractive rest and play room. Patients may rest whenever they wish. Worries have a way of disappearing after a few days in this delightful atmosphere. Off in one end of the room an alert young woman occupational therapist may be playing an intricate and fast game of ping pong with an equally alert older man. The casual observer would be too absorbed in watching the speed

EASING

GRAY'S Compound

serves with other indicated therapy in treating respiratory diseases and postoperative convalescents, the aged, "run-down", debilitated patients, and anorexic youngsters. Ingredients: Gentian, Dandelion, Sherry Wine, Glycerine, Phosphoric Acid, Tr. Cardamon Comp. and sugars.

*Samples to Nurses—
Give Registry No.*

The Purdue

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Frederick Co.

New York 14, N. Y.

IN TORTICOLLIS



help put contracted muscles at ease with

Counterirritant,
analgesic, decon-
gestant, MINIT-RUB makes a fine
therapeutic weapon in helping to
ease the tense, fixed muscles of
stiff neck. MINIT-RUB soothes and
comforts and exerts local hyper-
emia to help disperse inflamma-
tory or waste products. By reflex

MINIT-RUB

action the bene-
fits of this clean,
convenient pharmaceutical are
obtained below the surface. Not
only in tense, aching muscles, but
also in simple neuralgias and
uncomplicated upper respiratory
colds...it's MINIT-RUB for rapid
relief.

Bristol-Myers Company, 19-RN West 50th St., New York 20, N. Y.



THE MODERN RUB-IN
STAINLESS • GREASELESS • VANISHING

and dexterity with which they play to notice that one of the man's hands is badly scarred and that he has a finger missing.

Manager of the Center is competent Kenneth N. Palmer who has been with Liberty Mutual for 18 years in industrial and medical claims work. Each case discharged into industry is followed up by Joseph C. Aveni, assistant manager, one of whose responsibilities is to analyze patients' jobs; that is, to determine the exact nature of the work the patient has been doing, what muscles and group of muscles he must be capable of using and whether a further injury is likely because of the conditions under which he is working.

No sleeping or eating facilities are available for the patients at the Center but out-of-town patients are billeted at a hotel and the Center pays the bill. Out-of-town cases are provided with

three meal tickets per day which may be used at nearby restaurants. Commuting cases are provided with lunch tickets and car fare and if the injury is such that riding in buses or trolleys is prohibited, they may use cabs. A day at the Center begins around 8:30 and lasts till 3:30 or 4:30 p.m., five days a week; many patients, however, need a bit of urging before they'll tear themselves away from the "objects d'art" they are creating and leave on time.

Near the front door of the Center stands a huge ship's wheel. It was salvaged from the good ship "Hen and Chickens" which stood as a lightship for many years off the shoals of Cape Cod, faithfully guiding ships through the night. Today, on Boylston Street, it well symbolizes the part the Center is playing in the lives of its patients, guiding them safely and surely past the shoals of permanent disability.

Treat SUNBURN as a BURN! with *Gebauer's* **TANNIC SPRAY**

The first "first-aid" for burns and sunburn. Always ready for immediate use. Just press lever on dispenseal bottle and spray. Soothing, cooling, effective.

The **GEBAUER CHEMICAL CO.**
9410 St. Catherine Avenue Cleveland 4, Ohio



Comfort during Oxygen Therapy

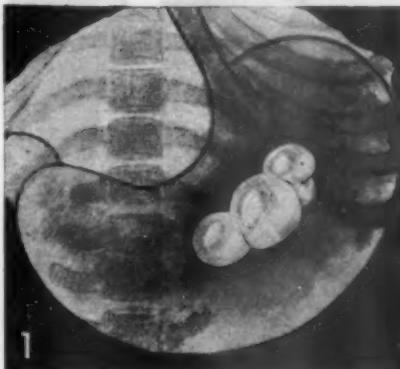
To help assure patient comfort when administering oxygen by intranasal oropharyngeal catheter: position the catheter correctly — tape the catheter in position — humidify the oxygen. Write for the Linde Oxygen Therapy Handbook.

THE LINDE AIR PRODUCTS COMPANY
Unit of Union Carbide and Carbon Corporation
30 East 42nd St. **UCC** New York 17, N.Y.

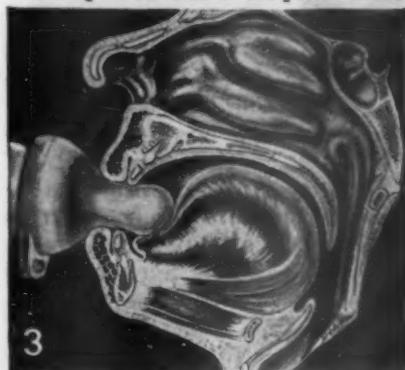


LINDE OXYGEN U.S.P.

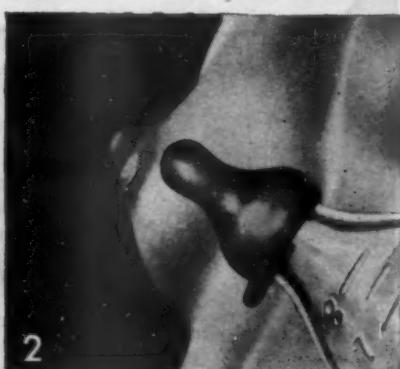
A nursery tale . . . *with a realistic conclusion!*



In bottle-feeding (exclusive and supplementary) one of the most common disturbances is "air" colic. Above: Graphic ray study of infant's stomach. Colic is indicated by abnormal size and extent of air-bubble group. Research proved that a frequent cause



corresponding to the areola of the lactating breast. Observe how infant's lips make close contact with the shoulder, thus cutting off "seepage" and discouraging wind-gulping. This is only one specific advantage of this nipple. May we . . .



of air-colic was the old-style nipple. The Davol "Anti-Colic" brand "Sani-Tab" nipple mitigates this condition for it is patterned on the natural mechanics of breast feeding. It is short, like the maternal nipple. Note firm, reinforced shoulder ...



tell you in detail its many other sound, basic advantages? Complete story contained in above treatise. Written for physicians. Seventeen illustrations including six detailed anatomical drawings. Please address Dept. RN9

DAVOL

1944 Marks Our 70th Anniversary

DAVOL RUBBER COMPANY • PROVIDENCE 2, RHODE ISLAND
September 1944

The Doctor Who Has Checked His Costs
SAYS... "YALE-LOK!"



—and that's exactly what he means, for like many physicians he has learned by experience that B-D Yale-Lok Syringes last longer, do a better job, cost less to use.

Why do they last longer? Because metal Yale-Lok tips eliminate tip breakage which normally accounts for over 50% of premature all-glass syringe breakage. Chipped tips, too, are eliminated.

How do they do a better job? Yale Needles lock on Yale-Lok Syringes with a half turn. No slipping. They turn off as easily.



No jamming. Due to their extra strength, Yale-Lok tips are standard size, even on large syringes. No adapters needed.

They cost less to use because they sell at the same price as other high quality syringes . . . yet one Yale-Lok Syringe usually outlasts two or more of the all-glass type.

Whether you order for the doctor or yourself, it will pay to remember that B-D Yale-Lok Syringes provide the ultimate in performance—at the lowest cost in use.

B-D PRODUCTS
Made for the Profession

TECTON, DICKINSON & CO., RUTHERFORD, N. J.

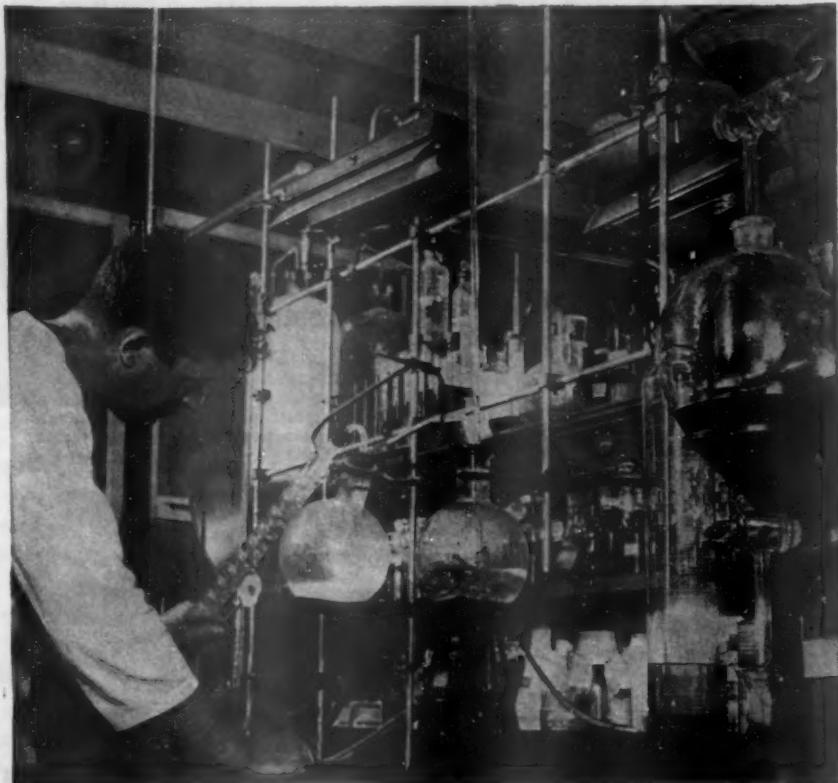
Concerning Cosmetics...and Allergies

Nurses know that cosmetics may have a significant relation to problems of allergy and sensitization. It is, therefore, pertinent for the nursing profession to know that Richard Hudnut beauty preparations are scientifically hypo-allergenic. They contain only substances which laboratory tests by the Hudnut Institute for Dermatological Research prove least likely to arouse unfavorable skin reactions.

A free booklet on cosmetic allergies is available to the nursing profession. Write: Professional Service Division, Richard Hudnut, 113 West 18th St., New York 11, N.Y.

RICHARD HUDNUT

**113 West 18th Street
New York 11, N.Y.**



Nutrition for Nurses

[Continued from page 31]

short talks are given to employees. Exhibits are used in cafeterias, shops and first aid rooms and employees can have their questions answered. Appropriate literature is distributed and posters are used in the plants. Material is supplied for a food column in the company paper and an in-plant feeding kit of literature is distributed. In addition, the food service is evaluated and recommendations for changes and improvements are made. If there is no food service, plans are worked out with management and labor and the committee assists in securing properly trained personnel, helps with ration point problems, supplies menus and recipes and explains the role of foods and vitamin concentrates. With the introduction of a trained manager in one

plant the cafeteria patronage increased over 300 per cent, and included the entire office force.

This is important in view of a survey in 1942 by one plant which found that approximately 50 per cent of the workers did not eat breakfast or else ate one that did not rate very high, nutritionally speaking.

The Nutrition News for Nurses is published monthly and the simple folders cover a wealth of material and answer the questions of the moment. Some of the popular subjects are "Why's of the Milk Supply," "Food for Young Children," "Importance of Diet During Pregnancy," "Food for the Later Years," "The Enrichment Program," "Your Packed Lunch Box" and "Food Labeling." Special recipes are also available, especially for the less common foods that are coming into use these days. [Turn the page]

KILLS CRAB, HEAD, BODY LICE

... and their eggs in one 15-minute treatment

McKesson's A-200 Pyrinate is a proven product... supported by 9,000 clinical tests in the District of Columbia Jail, and developed in cooperation with Dr. Walter K. Angevine, Washington, D.C.

One application... 15 minutes contact... is usually enough to kill both parasites and their eggs without any allergic manifestations after patch tests.

A-200 has a low melting point... spreads easily on hairy parts... easily removed with soap and water.

McKESSON'S
A-200
PYRINATE

McKESSON & ROBBINS, INC. • NEW YORK • BRIDGEPORT, CONN. • FAMOUS FOR QUALITY SINCE 1833

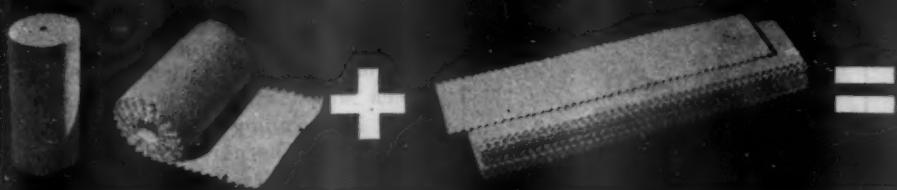
A PROVEN PRODUCT

A-200



FORMULA: McKesson's A-200 is a special Oleoresin of Pyrethrum and Oleoresin of Parsley Fruit incorporated in a suitable base. The active principles, Pyrethrins, are harmless to warm-blooded animals, including man. We shall be pleased to send you a professional sample upon request.





Quick, versatile cast application!



• Build strong, light, dependable casts to meet all conditions. Save time. SPECIALIST* plaster-of-Paris Bandages and Splints may be applied separately, or in combination by using the ready-cut Splints as reinforcing slabs. This combination technique requires less material—casts are lighter, less cumbersome.

Specialist Bandages and Splints are hard-coated, non-dusting, saturate immediately and set in 5 to 8 minutes.

ORDER FROM YOUR DEALER

"Specialist"
PLASTER-OF-PARIS
BANDAGES
AND SPLINTS

Johnson & Johnson
NEW BRUNSWICK, N. J. CHICAGO, ILL.

Mu-col

A Nurse's Discovery

"When you've been on the go all day and your one thought is to relieve the strain in your aching feet, there's nothing better or quicker than a foot bath in a MU-COL solution".

It was a nurse who first told us that! Won't you write for a MU-COL sample and find out for yourself about it's many other hygienic uses? MU-COL has been prescribed by physicians for use on mucous surfaces for over 40 years.

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THE MU-COL CO.
Dept. RN-94 BUFFALO 3, N. Y.

QUICK RELIEF
from
Nasal Congestion

E F E D R O N
HART NASAL JELLY
The Original Water Soluble
Ephedrine Nasal Jelly
Relieves nasal congestion promptly
and pleasantly.
Supplied in nasal tipped tubes -- can
be conveniently carried in pocket or
purse -- applied quickly and easily.
Send for Samples

Hart Drug Corporation
Miami, 30, Fla.

Please send me complimentary samples of
EFEDRON Hart Nasal Jelly

Address _____

City _____ State _____

R. N.

This is the overall program as Cleveland does it and much of its success is due to the splendid cooperation between all the agencies that are interested in spreading health to all parts of the city. The nurses really started something in Cleveland.

News of the Month

[Continued from page 43]

degree from Mount Holyoke College, and an M.A. degree at Teachers College, Columbia University, where she specialized in nursing education. She is also a graduate of the Johns Hopkins Hospital School of Nursing where, following graduation, she served for four years as Head Nurse, Assistant Night Supervisor and Assistant Superintendent of Nurses, respectively. She spent a year on the teaching staff of the Division of Nursing Education at Teachers College, and later, held an administrative post in Englewood Hospital and School of Nursing.

CHRISTMAS MAIL

It's time to start tying up those Christmas packages for overseas. And not only tying them up—but mailing them. "Christmas Mail Month" will run from September 12 to October 12, according to the Post Office Department. With distances so vast and operations so widespread this year, every effort should be made to mail early in this period in order to insure delivery to the farthest outposts. Limitations of size of package are: 5 pounds in weight, 15 inches in length and 36 inches in length and girth combined.

CALIFORNIA ACTS

California State Nurses Association is in the process of forming a public health section. This movement grew out of the desire on the part of a group of public health nurses to have the

Nurses are only human



For all your efforts at cheerfulness, courage and seeming tirelessness, you suffer from the same discomforts that plague ordinary mortals. In fact your hard work and long hours take extra toll!

BE KIND to yourself. Don't "take it" more than you have to! Scores of nurses have discovered a wonderful way to relieve many of the common, everyday discomforts that make life miserable—a simple, easy aid that can bring you extra skin comfort, dozens of ways.

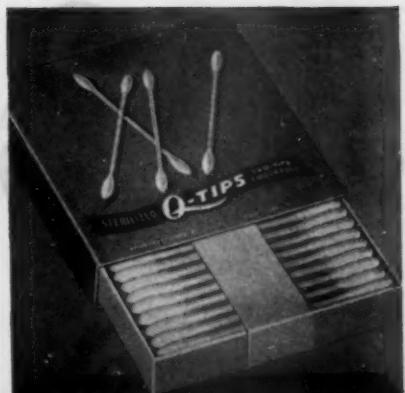
It's Noxzema Medicated Skin Cream!

Use Noxzema for your hands—when they're reddened and roughened from frequent washings and strong antiseptic solutions. Use it for tender, chafed spots under your stiff, starched uniform. Rub Nox-

zema into your tired, burning feet, after a hard day—and see what cooling, soothing relief it gives you. It's snow-white, greaseless, non-sticky; won't stain your clothes or bed linen.

And you'll find Noxzema is a real help in making your patients more comfortable, too. It not only soothes but helps heal bed sores and sheet burns, babies' diaper rash and many other externally-caused skin irritations.

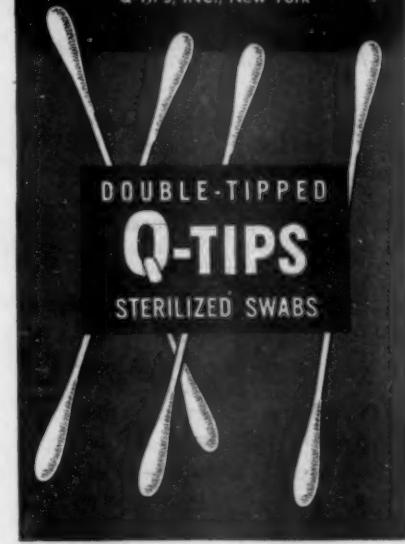
Get Noxzema today—at any drug counter. See how it eases your job!



NEEDED IN EVERY FIRST AID KIT

Be sure your kit contains a package of Q-TIPS sterilized swabs. They're ready instantly. These double-tipped swabs save you minutes when even seconds count. Q-Tips are steam-sterilized in sealed packages. Uniformly made by machines that produce firmly woven swabs, securely fastened to the sticks. Especially handy in homes where there are infants or children. Recommend them to mothers for daily baby care.

Q-TIPS, INC., New York



DOUBLE-TIPPED
Q-TIPS
STERILIZED SWABS

State Association in a position to bargain collectively for the public health nurse. As the CSNA, not the SOPHN, has declared itself bargaining agent for R.N.'s in the state of California, the formation of a Public Health section within the framework of the CSNA seemed desirable. Not all public health nurse organization leaders in the state, however, favored the movement, nor did all the rank and file of field nurses.

The argument advanced for the section was that the California public health nurse has been left behind in the matter of economic advantage and security since the war. As a result, many members of this group have turned to the more highly paid industrial and institutional positions.

HEROIC NURSES

The list of Army nurses who have received decorations for bravery in World War II now totals 100. These awards cover courageous action in a war whose reaches extend from the Artic Zone to the Torrid; and they recognize heroism called for in lonely outposts, where the worst enemy is the weather, as well as courage under fire.

Anna Bernatitus has the distinction of being the only Navy nurse to-date to receive the Legion of Merit. Her award reads, "for exceptionally meritorious service in Manila and Bataan." She has also been decorated with the Distinguished Merit Badge and the Presidential Citation.

Lieutenant Kathleen R. Dial, A.N.C. of Florence, Alabama, is recipient of the highest honor ever given an American woman in uniform—the Distinguished Flying Cross. This was in recognition of her work in taking care of eighteen patients after a flying ambulance crashed off Port Moresby, New Guinea.

Even the heroines of the Anzio beachhead do not have a more spectacu-

Doctor of Medicine



*SWAN floating SOAP
is pure as fine castiles*



Ideal for babies!

MADE BY LEVER BROTHERS CO., CAMBRIDGE, MASS.

Doctor of Medicine



HE WEARS the same uniform . . . He shares the same risks as the man with the gun.

Right this very minute you might find him in a foxhole under fire at the side of a fallen doughboy . . .

Jumping with the paratroopers . . . riding with a bomber crew through enemy fighters and flak . . .

Or sweating it out in a dressing station in a steaming jungle . . .

Yes, the medical man in the service today is a fighting man through and through, except he fights without a gun.

They call him "Doc." But he's more than physician and surgeon: he's a trusted friend to every fighting man. And doctor that he is . . . doctor of medicine and morale . . . he well knows the comfort and cheer there is in a few moments' relaxation with a good cigarette . . . like Camel.

For Camel, with the fresh, full flavor of its incomparable blend of costlier tobaccos and its soothing mildness, is the favorite cigarette with men in *all* the services.*

First in the Service

*With men in the Army, Navy, Marine Corps, and Coast Guard, the favorite cigarette is Camel. (Based on actual sales records.)

R. J. Reynolds Tob. Co., Winston-Salem, N. C.

Camels

COSTLIER TOBACCO



...and Morale



lar record than 2nd Lt. Marjorie S. Truax, A.N.C., of Worcester, N.Y., who won her Silver Star back in 1942 while on duty in Iceland. The operating room was shelled just as the doctor finished operating. He was knocked unconscious and the sterilizer hit, sending steam jets out into the room. Nurse Truax dragged out the doctor, removed the patient from the table to a safe spot, pushed two enlisted men out of reach of the steam—and collapsed.

SALUTE!

All cadet nurses may not know that an individual is never saluted; it is the uniform and its insignia which is the recipient of the honor. Since the Cadet Nurse Corps is not a military organization, its members are not required to salute. However, most of the Corps members feel that when living on Army posts they would like to show

their respect for commanding officers by saluting. Major Mary Walker, Director of Cadet Nurses in Army Hospitals, when appealed to for clarification, suggests that the Cadet Nurses salute (while on the Post) if it makes them feel more a part of the Army.

COLLEGE PROGRAM

College students throughout the country will again have the opportunity of hearing from qualified field representatives about the nursing profession as a war service and a post-war career. The National Nursing Council for War Service is sending out a new field staff of nurse educators and administrators, all college women, released on short term leaves from leading schools of nursing. They will speak to student groups during October and November.

Last year's college field staff visited

Incotin

*-a different
topical analgesic*

Provides unusually fast and effective relief from muscle, nerve or joint pains—



—concentrated

supplies 1.5% methyl salicylate and 1.5% menthol, with camphor and capsicum.

—non-greasy

entirely new, alcoholic soap base—which is completely washable and non-staining.

—non-irritant

produces neither burning nor vesication... yet highly effective.

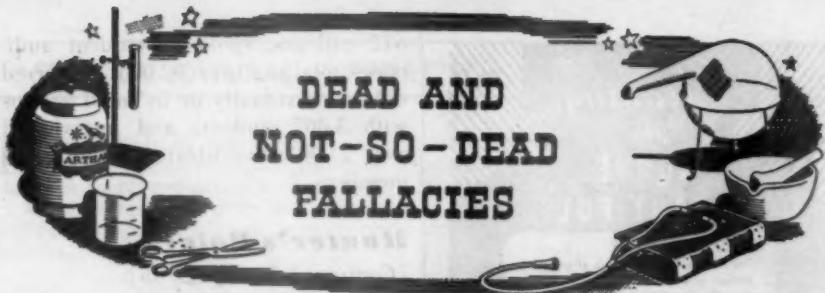
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CLIFTON, N. J.



SPECIALIZATION CLINICAL LABORATORY TECHNIQUE

holds greater opportunities for the capable Nurse Technician than ever before. It is the one field that is not overcrowded, and one in which professional ability is highly regarded and recognized. Our catalog will be of interest and we shall be pleased to mail it postpaid upon request. Established 24 years.

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DEAD AND NOT-SO-DEAD FALLACIES



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612 colleges, spoke to student audiences totalling over 92,000, conferred either individually or in small groups with 5,867 students and interviewed over 2,000 administrators and faculty members.

Hunter's Point

[Continued from page 45]

struggling desperately to solve.

The Hunter's Point Generalized Field Nursing District was one year old on July 1, 1944. It was set up by the San Francisco Department of Public Health. Public health nursing services are thus provided for in-migrant war workers and their families who flocked to California to take jobs at the vast new drydocks which have so completely changed the character of the Bay around Hunter's Point. The new service takes in the entire section, including both the new population in the war housing projects, and the original citizens of the Point. Supervision of the schools and of nurseries and child care centers that have sprung up is also a part of the District's work.

A large number of the approximate 18,000 population are colored; there are a few pure blooded Indians. Mrs. Viola Randall is in charge and has a staff of three public health nurses to take care of the case load: Mrs. Helen Wilson, Miss Jessica Murphy, Mrs. Beatrice Goodrich. (The volume of work in the District calls for a fourth staff nurse and one will be added if and when an experienced one can be found.)

In addition to the native population of the Point, the nurses have the responsibility for four large housing projects (jointly owned by FHA and the Navy) a number of dormitories housing 1,500 single men, and some trailer camps. The Generalized District is broken down into three sub-districts at present, with each one of the staff

SPIRELLA NATURAL SUPPORT FOR CHRONIC FATIGUE

REPORTS from war plants and from the home front, too, indicate that the increased activity of women in wartime has led to an increase in chronic fatigue resulting from poor posture.

Natural Support

In cases like this, the natural action of a Spirella Garment provides the same relief it does in other types of figure problems. It gives the necessary support together with a foundation around which proper posture habits can be relearned. Its action complements the normal action of the abdominal muscles with upward and backward traction. There is no unnatural constriction in the region of the diaphragm.

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Spirella garments are comfortable to wear and easy to put on. There are no bulky straps and gadgets to adjust. And there is a noticeable improvement in the patient's appearance. Patients like to wear their Spirellas, which means that they do wear them—and the doctor can be confident that his instructions are being followed.



1. Uncorrected Figure

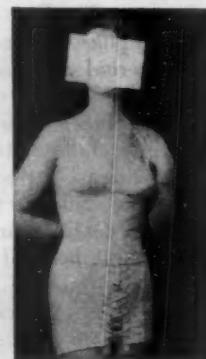


2. Modeling Garment

Case History

Note the three photographs of the same patient on this page. The first picture shows her unsupported figure. Notice the characteristic poor posture, protruding abdomen and concave chest. Photographs 2 and 3 show how Spirella im-

proved her appearance and posture, relieved her chronic fatigue. First the Spirella Corsetiere adjusted the exclusive Spirella Modeling Garment, as shown in picture No. 2. This was done in the doctor's presence, while he checked the degree of support. (This may be done by fluor-



3. Finished Spirella

oscopic examination if desired.) Then measurements were taken over the corseted figure, from which her individual Spirella was made. See figure 3.

Spirella Support is Recommended in Cases Like These

- "Industrial" and Chronic Fatigue
- Post-Operative Conditions
- Misplaced Internal Organs
- Faulty Posture
- Extreme Obesity
- Maternity

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members in charge of a division. Each nurse has at least one housing project and one school to cover and all nurses participate in the three well baby conferences. The District's program includes all phases of public health nursing—maternal and baby hygiene, nutritional guidance, mental hygiene, school nursing, communicable disease control (including tuberculosis and venereal disease). Because there is no social work staff, the nurses also handle a good deal of work properly coming under the head of social work, including scouting for and supervision of foster homes for children.

According to Mrs. Randall, "Each nurse undertakes all phases of the program in her own district." In this respect the Hunter's Point program is handled like the generalized district known as the Chinese Health Center (R.N. May, 1944).

The one big difference is the venereal disease control work which, along with tuberculosis control, constitutes a large proportion of the District's activities. The Hunter's Point Health Center was the first in the City and County of San Francisco to include venereal disease supervision and control in its everyday activities. With the large number of migratory workers from all over the country flowing in and out of the District this program was essential.

Both the Tb. and VD. control work is very thorough. The District has referred to it all cases found or suspected by local draft boards, other communities, Army and Navy, private physicians, and the district U.S.P.H.N.S. infirmary serving the projects and clinics. Since July 1943, when this program was introduced, approximately 210 persons have been referred to staff nurses for supervision. [Turn the page]



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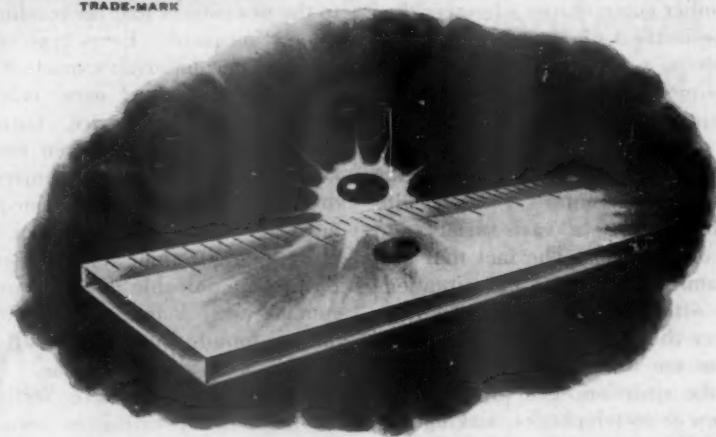
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All Tb. and VD. cases coming into the District are marked for follow-up so if such cases leave it is the duty of the nurses to see that they are followed up in other communities wherever they may go in the United States. This is a big job in a community where there is a frequent turnover of population.

Moving in and starting their work from scratch—without any but temporary quarters to start with—the nurses of the Hunter's Point Health Center met with a vast variety and range of problems. The fact that normal family conditions and situations are so often lacking, and that clients are very difficult to see because most of them are working all day, complicates the situation. The project units have few or no telephones, making personal calls essential in all cases.

Initial visits of the nurses were for the purpose of introducing the services and getting to know the families. Mrs. Randall remarks, "These early visits to the newcomers had far-reaching and interesting results. Every type of problem was encountered: expectant mothers without medical care, infants in need of feeding service, nutritional problems, crippled children receiving no help or counsel, unimmunized children, mothers in need of encouragement and advice, and children of employed parents alone and unsupervised. Both communicable disease cases and contacts were found and isolated. The nurses found themselves with many purely social work problems.

The nurses now have Well Baby Conferences operating in connection with the child service centers in the

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several projects. An interesting feature of the District was the assignment of one full-time rather than several part-time doctors. This has been of distinct advantage; the physician has learned the routine and needs of the entire program, knows the families and, being on the spot, can render service when and where needed without waste of time.

The Center is still under the handicap of its crowded temporary quarters. Staff offices and baby conferences are housed for the present in dwelling units. The nurses are eagerly looking forward to the excellent new quarters into which they will soon move. The new Health Center will include a staff office, supervisor's office, staff lounge room, three well baby conference rooms, and a room to be set aside for a mental hygiene office as this latter service is extended. The Center has a capable maid who aids the nurses in setting up conference rooms, making dressings and other routine tasks. Students from the University of California public health training courses assist at the Center. "I hardly know what we would have done without their help at times, our staff has such a pressure of work," comments Mrs. Randall appreciatively.

Transit Hospital

[Continued from page 37]

rette and a cup of tea, taking off the shield dressings and covering the wound with a sterile towel until the doctor's arrival.

The X-ray system works at top speed. Mobile apparatus is wheeled in and usually the first cases have been dealt with and photographs are ready for the doctor before he leaves the ward.

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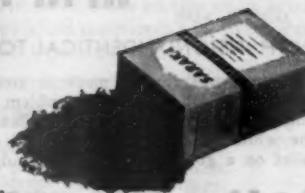
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are absolutely necessary before a patient can be sent on to Base.

Most of the wards take the patients as they come out of the ambulances, irrespective of their injuries. There are, however, two exceptions to this. There is a special "exhaustion" ward for patients suffering from severe shock and exhaustion, while the penicillin patients do not pass on to Base but remain in the transit hospital.

The announcement "Convoy expected" does not always mean that wounded soldiers are about to arrive. The air raid victims are treated in exactly the same way as soldiers, with the same high-speed treatment and first-class surgery. You often hear them comparing notes:

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"Bus blew up when I was going to work in London—one of these flying-bombs," answers the man with the bandaged face. And they exchange views—usually very similar views—on the behavior of the Germans.

The indiscriminate course of the flying bomb in southern England and the London area inevitably makes extra work for the hospitals—extra work which indefatigable doctors and nurses are taking in their stride. Moreover, hundreds of volunteers have come forward to undertake a few hours each day of the routine work—the washing up, preparing of vegetables, the cleaning and sweeping, so that all the nursing staff can concentrate on their skilled work. Almost all these volunteers have already done a full shift in their own factories or offices.

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Camel Cigarettes	70, 71
Centaur Co.	79
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International Vitamin Corp.	88
Johnson's Foot Soap	87
Johnson & Johnson	24, 65
Lavoris Co., The	78
Leeming & Co., Thos.	Inside front cover
Lever Brothers Co.	69
Linde Air Products Co., The	60
Lobica, Inc.	74
McKesson & Robbins, Inc.	64
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Mennen Co., The	49
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Mu-Col Co., The	66
National Dairy Products Corp.	5
N.W. Institute of Medical Technology	72
Norwich Pharmacal Co.	51
Noxzema Chemical Co.	67
Nursecraft, Inc.	22
Petrogular Division	Inside back cover
Poloris Co., Inc.	83
Procter & Gamble Co.	Back cover
Professional Printing Co., Inc.	82
Purdue Frederick Co., The	58
Q-Tips, Inc.	68
Resinol Chemical Co.	52
Reynolds Tobacco Co., R. J.	70, 71
Sarnay Products, Inc.	74
Scholl Mfg. Co., The	50
Schoonmaker Laboratories, Inc.	50
Sharp & Dohme, Inc.	27
Singer Sewing Machine Co.	21
Spencer, Inc.	17
Spirella Co., The	75
Takamine Laboratory, Inc.	75
Tampax, Inc.	25
Union Carbide & Carbon Corp.	60
Union Pharmaceutical Co., Inc.	81
U. S. Vitamin Corp.	55
Warner & Co., Inc., Wm. R.	4
Whitehall Pharmacal Co.	6, 18
White Rock Uniform Co.	2
Wyeth & Brother, Inc., John	77

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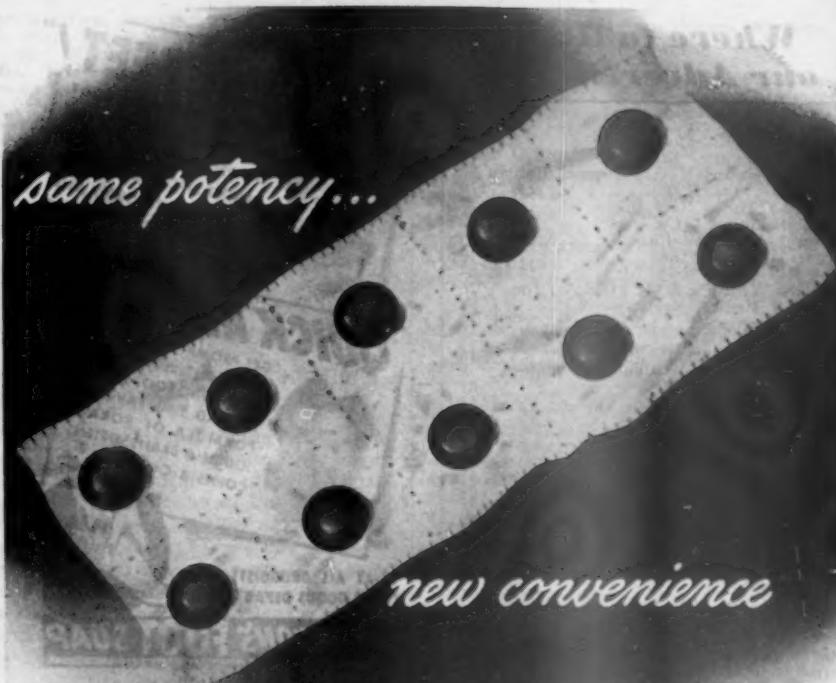
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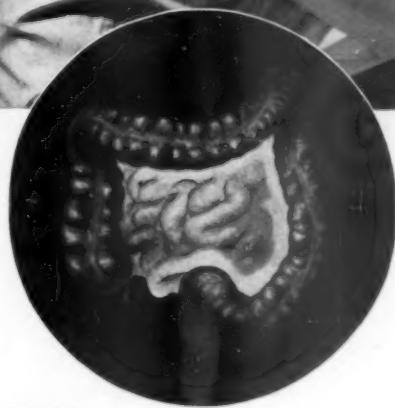
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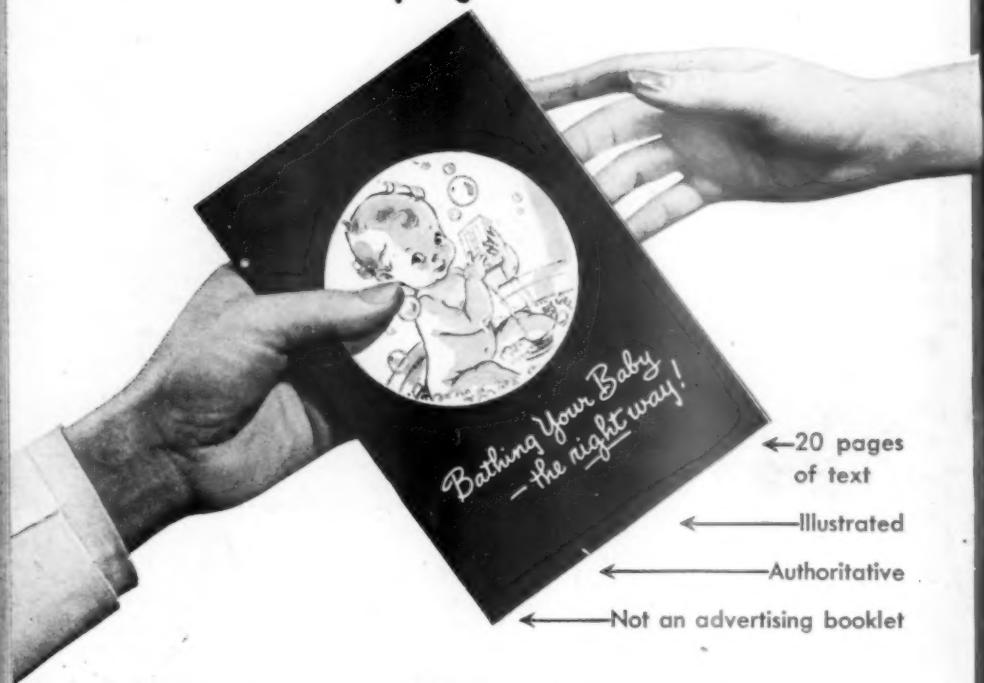
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